

## Employee Key Agreement Form

Name: \_\_\_\_\_

I have received my key on: \_\_\_\_\_ (Month/Day/Year)

I understand that I am responsible for the safekeeping of this key. I agree to use it only in my official capacity as an employee of Canales Furniture. I further understand that upon my separation from the company, or upon issuance of a new key, I must return all keys to the Human Resource Department.

## Key Requirements:

- Keys should never be loaned out or borrowed.
- If lost, must be reported to Human Resources Department
- Cannot make your own copies of the company keys

## Reason for request:

1<sup>st</sup> Official Key

Replacement Key

Lock change

Other: \_\_\_\_\_

Key Name : \_\_\_\_\_

Employee's Signature

Printed Name

