

**RICHARDSON INDEPENDENT SCHOOL DISTRICT  
KEY ASSIGNMENT AGREEMENT**

I hereby agree to assume full responsibility for the District key(s) assigned on this agreement. I will retain all District keys under my direct personal control. I will not loan out or allow any other person to use the keys assigned to me. I understand that should I lose the key(s) issued to me, I will be responsible for the full cost of replacement and for the cost to re-key locks as a result of the key loss. I agree that payroll deductions can be withheld from my paycheck for any costs that are my responsibility. Upon separation from employment by Richardson Independent School District, my final paycheck can be withheld until all key(s) assigned to me have been returned to the District.

\_\_\_\_\_  
EMPLOYEE NAME (PRINTED WITH ANY APPLICABLE NAME CHANGES)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE POSITION/TITLE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
EMAIL ADDRESS

- Lost                                       Broken/Defective                                       Contractor
- New Allocation                                       Name Change                                       Title Change

Funding Code: \_\_\_\_\_

**Please allow up to 72 hours for activation of electronic keys.**

CAMPUS	KEY ID NUMBER	KEY CARD NUMBER	LOCKSMITH INITIAL	DATE MADE	DATE RETURNED