



MS Schools for the Deaf and the Blind
1403 Eastover Drive
Jackson, MS 39211

Key Receipt Form

I, _____, acknowledge receipt of the following key(s)
from MS Schools for the Deaf and the Blind for business use only:

| Serial Number | Date Received | Receiving Signature | Date Returned | Receiving Signature |
|---------------|---------------|---------------------|---------------|---------------------|
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I understand that the issued key(s) must be returned to MS Schools for the Deaf and the Blind at the time of my separation from employment or when it is requested by my supervisor and that I will be charged \$50.00 for any key not returned to MS Schools for the Deaf and the Blind. The \$50.00 fee will be deducted from my final paycheck.

I also understand that if the key(s) is/are lost or stolen, I will be responsible for a replacement fee of \$50.00. This fee will be due upon receipt of the replacement key or the fee will be deducted from my next paycheck.

Signature

Date