FORM: K3

Carteret County Board Of Education

107 Safrit Dr. Beaufort, North Carolina 28516

Employee Key Contract

Employee Name :_____ **Social Security No. :**_____

Key Ring Serial No._____

Key No.	Key Designation	Issue Date	Return Date

I, the undersigned, hereby understand that all keys listed above shall not be loaned for any reason, to anyone. Person(s) requring access to school facilities must be issued a key by the principal or designee. I understand all lost or stolen keys shall be immediately reported to principal or facility manager.

Employee Signature: _____ **Date**_____

Principal or Supervisor :_____**Date**_____