

Kuna Jt. School District No. 3 Key & Swipe Card Request Form

If keys are requested for more than one campus, please submit separate requests for each campus.

Date: _____

New Issue Replacement- Circle reason: Lost, Stolen, Moving Rooms Other (please explain):

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> 4 th Street Gym ONLY | <input type="checkbox"/> Alarm Code Information Needed | | |
| <input type="checkbox"/> Hubbard | <input type="checkbox"/> Teed | <input type="checkbox"/> Indian Creek | <input type="checkbox"/> Ross |
| <input type="checkbox"/> Crimson Point | <input type="checkbox"/> Reed | <input type="checkbox"/> Silver Trail | <input type="checkbox"/> KMS |
| <input type="checkbox"/> KHS | <input type="checkbox"/> Initial Point | <input type="checkbox"/> District Office | <input type="checkbox"/> Tech Center |

Last Name	First Name	M.I.
Job Title	Email Address	Phone No.

Principal/Bldg. Admin. Signature (**REQUIRED**)

INSTRUCTIONS

1. CAMPUS PRINCIPAL or BUILDING ADMINISTRATOR APPROVAL REQUIRED BEFORE PROCESSING.
2. BE SURE TO INCLUDE EMAIL ADDRESS SO THE MAINTENANCE DEPT. CAN SEND YOU AN EMAIL WHEN THE KEYS ARE READY TO BE PICKED UP.
3. KEY/CODE # - IF UNKNOWN PLEASE LEAVE BLANK. PLEASE PLACE ROOM #
4. IF A SWIPE CARD IS NEEDED FOR YOUR BUILDING PLEASE MARK THE BOX WITH AN X – MAINTENANCE WILL ASSIGN THE CARD CODE.

QTY.	KEY/CODE #	ROOM #
SWIPE CARD NEEDED?	SWIPE CARD CODE	

ADDITIONAL INSTRUCTIONS:

Please allow a few days for processing. An Email will be sent to you once the keys are ready to be picked up from the Front Desk at the District Office BLDG located at 711 E. Porter Street. If you have any questions please contact Shelly Flowers at 922-1155 or ext. 4910.

This form can be printed “as is” and filled in, or type in the information and print. if your Principal or Building Administrator approves, email as an attachment to your Principal or Building Administrator who will need to print the form, authorize by signing and **send form inter district mail or fax to Attn: Shelly Flowers at 955-0293.**

The listed keys above are being signed out to you. If you terminate your position with the Kuna School District, the listed keys MUST be returned to the District Office by YOU. If keys are not turned in within 3 business days from last day worked, your paycheck will be withheld until keys have been returned. By signing below, you certify that you have read this agreement, that you understand the meaning and intent of this agreement and that you are entering this agreement knowingly and voluntarily.

Signature: _____ Date: _____

OFFICE ONLY

Date Emailed keys ready: _____ Date picked up keys: _____ Date returned keys: _____

If not picked up key will be returned to Maintenance this date: _____