

Last, First Name: _____
(Please print)

Title/Position: _____

Email Address: _____

Phone Number: _____

Laboratory: _____

Date: _____

UNIVERSITY OF CALIFORNIA, IRVINE
Department of Chemistry

KEY AGREEMENT

All personnel who are being issued University keys must sign this form. It is understood and agreed that:

1. I am responsible for any University key issued to me and I will report its loss/theft immediately. I agree to pay a \$20 per key deposit for each key issued to me. I agree to forfeit this deposit in the event of the loss of the key(s).
2. The key issued to me may not be reproduced; except by the University of California, Irvine.
3. I agree not to loan my key(s) to any other person.
4. Before I leave UCI, I will return all keys issued to me, as recorded by the Department, to 1120 Natural Sciences II and the \$20 per key deposit will be returned to me, unless I have forfeited the return of my deposit by losing my key(s) during my employment in the Department of Chemistry.

I understand the above agreement and take full responsibility for the listed keys(s).

Signature: _____

- FOR OFFICE USE ONLY -										
PI Approval	BLDG	ROOM #	KEY #	SERIAL #	DATE ISSUED	DEP. REC'D	ISSUED BY	DATE RET'D	DEP. RET'D	RET'D BY
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						\$			\$	
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