

High Desert Health System Group

Report of Lost or Stolen Keys

Date: _____

Name: _____

Employee (E) or Contract (C) number: _____

Department or Contractor: _____

Please check the applicable box:

Key(s) Lost

Key(s) Stolen

Note: A police report must be submitted for all stolen keys and for stolen or lost keys to building or clinic entry doors

Location: HDRHC SVHC AVHC LRHC LLHC Acton

Building or Clinic: _____

<i>Key Numbers Lost or Stolen</i>			

Employee Signature

Date

Supervisor/Manager Signature

Date

HDRHC Manager (required for Non-County staff)

Date

Directions: Staff members reporting lost or stolen keys are responsible for submitting the completed form, with supervisor/manager approval and a copy of the police report, if required, to the Cashier. The charge for lost or stolen keys is \$10.00 per key. After receiving payment, the Cashier will issue the staff member a receipt to provide to the Facilities Department with this form to request replacement keys.