

CHIPPEWA VALLEY SCHOOL DISTRICT HUMAN RESOURCE DEPARTMENT

ACKNOWLEDGEMENT OF RECEIPT OF A DISTRICT KEYLESS ACCESS CARD AND MY RIGHTS AND RESPONSIBILITIES

I acknowledge that I received a keyless access card which allows me entry to designated locations within the district at designated times. I am responsible for this card. If I should lose, damage or my card is stolen I understand that I am to report this immediately to the Human Resources Department so that I do not compromise the security of this system. It will cost me \$10.00 to replace this card. The replacement card will be issued upon receipt of my payment which can be made by cash, check or payroll deduction.

In the event my employment terminates with Chippewa Valley Schools I will be responsible to return my keyless access card to the Human Resources Department within 24 hours of my last day worked. If the Human Resources Department does not receive my returned card within this time frame I agree to have \$10.00 deducted from my last pay check to cover the cost of my card.

Signature

Date

Print Name