

# MATHIS INDEPENDENT SCHOOL DISTRICT



## KEYLESS ENTRY CARD AGREEMENT

I, \_\_\_\_\_, acknowledge that while I am employed by Mathis Independent School District, I will properly care for my district Keyless Entry Card.

I understand that if I lose my Keyless Entry Card, I must report the lost card to the Technology Director, my Principal/Director or Supervisor and to the Finance Officer immediately.

I understand that if I lose, damage or destroy my Keyless Entry Card, I will be charged \$10.00 for a replacement card.

I agree I will NOT lend my Keyless Entry Card to other staff to enter authorized or unauthorized facilities.

I further understand that upon my resignation or termination I will return my Mathis ISD Keyless Entry Card to my Principal/Director or Supervisor

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Issuer Signature:** \_\_\_\_\_

**Issuer Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_