

East Cleveland City Schools



Vergil Calloway

Facility and Operations Manager

✉ vcalloway@eastclevelandschools.org

☎ (216) 268-6586

District Key Request

Employee Name: _____

Request Date: _____

Assigned Building/Facility: _____

Key(s) Request (Check all that Apply)

Classroom Key (Provide Room Number) _____

Master Key (Describe Access Needed) _____

Office Key (Provide Office Room Number) _____

Other Key (Please Explain) _____

Administrative/Principal Approval Signature: _____ Date: _____

The Administrator must provide a reason for the request (e.g. new employee, lost key):

A \$5.00 charge will be assessed for each lost or damaged key. By signing and dating below, you authorize the District Treasurer's Office to make a one-time deduction of \$5.00/per key from your payroll to cover the cost of a replacement key(s). You may contact the Facilities & Operations Manager if a payroll deduction is not your preference.

Employee Signature: _____ Date: _____

Forward completed form to Facilities & Operations Manager

This Section is for Office Use Only

Facilities & Operations Manager Signature: _____ Date: _____

_____ Date Received by the Treasurer's Office

_____ Date of Scheduled Deduction

Dr. Henry Pettiegrew II

East Cleveland Board of Education

Chief Executive Officer & Superintendent

1843 Stanwood Rd. East Cleveland, OH 44112