



**KEYHOLDER AGREEMENT**

DATE

LAST \_\_\_\_\_

FIRST \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESIGNATION \_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE RECEIVED THE KEY TO THE FOLLOWING LOCATION

\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT THE KEY(S) ISSUES IS THE RESPONSIBILITY OF THE EMPLOYEE, AND NOT SUBJECT FOR THE THIRD PARTY.

I UNDERSTAND THAT A \$40 PER KEY ADMINISTRATIVE FEES WILL BE ASSESSED FOR ANY LOST OR STOLEN KEY(S) TO COVER RE-KEYING/RE-STOCKING EXPENSE. FEE IS PAYABLE TO **JSR HEALTH PLLC**.

EMPLOYEE TO RETURN ALL THE KEYS IN THEIR NAME TO **JSR HEALTH PLLC** AND SIGN KEY RETURN PORTION OF AGREEMENT PRIOR TO LEAVING THE EMPLOYMENT.

EMPLOYEE SIGNATURE \_\_\_\_\_

OFFICE INCHARGE SIGNATURE \_\_\_\_\_

KEY RETURN

DATE

EMPLOYEE SIGNATURE \_\_\_\_\_

OFFICE INCHARGE SIGNATURE