



SIGNAL DEPARTMENT LOST, STOLEN OR DAMAGED KEY FORM (SKF-2)

Purpose of Form: This form shall be completed whenever employees keys are lost stolen or damaged.

Reason: Key(s) Lost Key(s) Stolen Key(s) Damaged

Date: _____

Employee Name: _____ IBM #: _____

LOST or STOLEN KEYS	
Date of Loss or Theft:	
Explain Events Surrounding loss or theft:	
Was Loss or Theft Reported to MTAPD By Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MTA Police Report Number: _____	
Note: If applicable, attach copy of MTA Police Report to this form.	
Replacement Key(s) Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes Complete Form SKF-1	
Recommend Fee for replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes Employee shall provide check	
Employee Signature:	

DAMAGED KEYS	
Date of Damage:	
Explain Events Surrounding damage:	
Does Employee have damaged Key: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: If yes, employee must provide evidence.	
Replacement Key(s) Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes Complete Form SKF-1	
Employee Signature:	

Complete the following section for key(s) Lost Stolen or Damaged:

Key(s) Lost, Stolen or Damaged				
Key	Reason	Key Type	Key Number	Key Serial Number
1				
2				
3				
4				

If Replacement Fee is Required, Office Engineer or Representative Shall Complete Section Below:

Check received in the amount of \$_____, for _____ replacement keys.	
Check Received By: _____	_____
Office Engineer or Representative (Print)	Signature