

Geetha M. Reddy, M.D. F.A.C.C.

Form: Office Key Receipt

Employee's Full Name: _____

I have received a key for the office. I fully realize that if I separate from employment, the key must be returned. If the key is not returned at separation of employment there will be a fee of \$150.00.

Employee

Signature_____Date:_____

Date:_____

Key Returned to:_____

Employee Signature_____

Signature of the person who received the key._____