 **Key, Card, Technology Monitoring Form**

**Site/Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Keys Issued: \_\_\_\_\_\_\_\_\_ Location of Keys at Classroom Closure: \_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Laptop Number (NB\_ \_ \_ \_)**  |  **Staff Person** |
|  |  |
|  |  |
|  |  |

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| --- | --- | --- |
| **IPAD Numbers and Pass Codes (IP\_ \_ \_ \_)** | **Staff Person** | **Data Plan Y/N** |
|  |  |  |
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|  |  |
| --- | --- |
| **NMCAA Cell Phone Number** |  **Staff Person** |
|  |  |
|  |  |
|  |  |

**LIST OF STORES WITH CHARGE ACCOUNTS:**

|  |  |  |
| --- | --- | --- |
| **Store Name**  | **Account Number** | **Staff Name/Site** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**LIST OF STORES WITH CREDIT CARDS AND NUMBERS:**

|  |  |  |
| --- | --- | --- |
| **Store Name** | **Account Number** | **Staff Name/Site**  |
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**Guidance: Staple a copy of credit cards to the back of this form.** Put the Key, Card, Technology Monitoring Form and all credit cards in an envelope and place in a locked filing cabinet at the site.

Staff will store their assigned keys in a locked cabinet at the site or return to the school office at the end of the school year, as required. If your site has an NMCAA lockbox, leave a key in the box.

|  |  |
| --- | --- |
|  **Staff Signature** |  **Position** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Distribution: **Original to remain on Site,** Copy to Supervisor- Supervisor will send to Director of Operations.

5/23 EHS-HS\ADMIN\Procedures Manual\Technology\Key, Card and Technology Monitoring