

Administrative Procedure 542

Business Administration

SWIPE KEY REPLACEMENT

PURPOSE

To ensure building security and establish a consistent process for the replacement of lost or damaged swipe keys/cards at Westmount Charter School.

This procedure applies to all employees, contractors, and approved visitors who are issued a swipe key/card for access to Westmount Charter School facilities, who are responsible for the care and safekeeping of their swipe key.

PROCEDURES

1. Reporting Lost or Damaged
 - 1.1 Any lost or damaged swipe key must be reported immediately to the facilities coordinator and the school principal.
 - 1.2 The lost swipe key will be deactivated promptly to maintain security.
2. Replacement Process
 - 2.1 The facilities coordinator will issue replacement swipe keys following notification and completion of the Swipe Key Replacement Form.
 - 2.2 Individuals must sign the form acknowledging the replacement and associated fee.
3. Replacement Fee
 - 3.1 A fee of \$16.00 (or the total replacement value if fees increase) will be charged for each lost swipe key.
 - 3.2 Fees are payable to Westmount Charter School before the issuance of a replacement key.
 - 3.3 Damaged cards due to normal wear and tear will be replaced at no cost.
4. Record Keeping
 - 4.1 The facilities coordinator will maintain records of all swipe key issuance, deactivation, and replacements.

Legal Reference: *Ministerial Order: Standards for the Selection, Availability, and Access of School Library Materials*

Cross Reference:

Date of Adoption: October 1, 2025

Date of Revision:

Due for Review: October 1, 2028

APPENDIX 1

SWIPE KEY REPLACEMENT FORM

Employee/Staff Name: _____

Department/Campus: _____

Phone/Email: _____

Date of Request: _____

Swipe Key/Card Number (if known): _____

Reason for Replacement

☐ Lost

☐ Damaged

☐ Other: _____

Fee Acknowledgment

I understand that a fee of **\$16.00** (or the total replacement value if fees increase) will be charged for replacing a lost swipe key. Keys damaged due to normal wear and tear will be replaced at no cost. I acknowledge responsibility for the safekeeping of the swipe key and understand that repeated loss may be subject to further review.

Employee/Staff Signature: _____

Date: _____

For Facilities Use Only

- Replacement Key Issued: ☐ Yes ☐ No
- New Key Number: _____
- Fee Collected: ☐ Cash ☐ Cheque ☐ Other: _____
- Processed By: _____
- Date: _____