

RECORD OF PROPERTY ISSUED TO EMPLOYEE

Section I To be completed by Manager/Supervisor

1. EMPLOYEE NAME		DEPARTMENT		
HOME ADDRESS		CITY AND ZIP CODE	HOME TELEPHONE NO. () -	
START DATE		SUPERVISOR		
2. ITEMS ISSUED:		OTHER ASSET ID	DATE ISSUED	DATE RETURNED
<input type="checkbox"/> NAMEPLATE				
<input type="checkbox"/> ID CARD				
<input type="checkbox"/> BUILDING CARD KEY #				
<input type="checkbox"/> FURNITURE/MODULAR KEYS				
<input type="checkbox"/> RESTROOM/OFFICE/STORAGE KEYS				
<input type="checkbox"/> PAGER#				
<input type="checkbox"/> CELL PHONE SN/ASSET ID#				
<input type="checkbox"/> PDA SN/ASSET ID#				
<input type="checkbox"/> FURNITURE/MODULAR KEYS				
<input type="checkbox"/> COMPANY CHARGE CARD #				
<input type="checkbox"/> PARKING CARD #				
<input type="checkbox"/> CALCULATOR				
<input type="checkbox"/> LAPTOP SN/ASSET ID#				
<input type="checkbox"/> PROJECTOR SN/ASSET ID#				
<input type="checkbox"/> COMPUTER SN/ASSET ID#				
<input type="checkbox"/> SOFTWARE				
<input type="checkbox"/> PRINTER SN/ASSET ID#				
<input type="checkbox"/> USB FLASH DRIVE SN/ASSET ID#				
<input type="checkbox"/> NETWORK ACCESS				
<input type="checkbox"/> EMAIL ACCESS				
<input type="checkbox"/> REMOTE ACCESS				
<input type="checkbox"/> OTHER ITEM				
<input type="checkbox"/> OTHER ITEM				
EMPLOYEE SIGNATURE:			DATE:	
SUPERVISOR SIGNATURE:			DATE:	