Return Of Company Property



NAME OF EMPLOYEE: _____

Please print

EFFECTIVE DATE OF SEPARATION: _____/_____/_____

Please check property returned (if not applicable to employee, indicate N/A)

_____ Keys

_____ Company Credit Card

_____ Gasoline Credit Card

_____ Company I.D.

_____ Laptop

_____ Printer

_____ Other Electronic Equipment:
_____

_____ Cell Phone

_____ Pager

_____ Company Documents:
_____

_____ Uniform

_____ Other:
_____

Employee Signature: _____Date: ____/____/____

Supervisor Signature: _____Date: ____/____/____

Human Resources Signature: _____Date: ____/____/____