

DATE:

ASSIGNED EQUIPMENT

FROM (Name of Employee):

AREA:

HEADQUARTERS LOCATION:

Equipment is securely maintained as part of assignment.

This is to certify that I have been issued the following equipment and will return it when I am asked for it or on retirement or resignation.

| ITEM NAME | | |
|--|--------|---------------------------------|
| LincPass Card <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | |
| NC KEY <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | |
| TELEPHONE CALLING CARD <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | CARD NUMBER |
| COMPUTER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued MODEL NUMBER: | | SERIAL NUMBER: OTHER: |
| PORTABLE PRINTER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued MODEL NUMBER: | | SERIAL NUMBER: OTHER: |
| DESKTOP PRINTER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued MODEL NUMBER: | BRAND: | SERIAL NUMBER: OTHER: |
| WIRELESS INTERNET CARD <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued BRAND: | | TELEPHONE NUMBER: OTHER: |
| LIGHT METER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | MODEL NUMBER: |
| NOISE METER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | MODEL NUMBER: |
| DOCKING STATION <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued MODEL NUMBER: | | SERIAL NUMBER: OTHER: |
| CELL PHONE <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued BRAND: | | TELEPHONE NUMBER: OTHER: |

SIGNATURE

DATE:

continued

FROM (Name of Employee):

| | | |
|--|--------|----------------|
| CAMERA <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | SERIAL NUMBER: |
| MODEL NUMBER: | BRAND: | OTHER: |
| VIDEO CAMERA <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | SERIAL NUMBER: |
| MODEL NUMBER: | BRAND: | OTHER: |
| GPS <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | SERIAL NUMBER: |
| MODEL NUMBER: | BRAND: | OTHER: |
| SCANNER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | SERIAL NUMBER: |
| MODEL NUMBER: | BRAND: | OTHER: |
| LASER THERMOMETER <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued | | MODEL NUMBER: |
| (A) | | SERIAL NUMBER: |
| MODEL NUMBER: | | OTHER: |
| (B) | | SERIAL NUMBER: |
| MODEL NUMBER: | | OTHER: |
| (C) | | SERIAL NUMBER: |
| MODEL NUMBER: | | OTHER: |

For blocks (A) through (C), enter the pertinent information for any additional electronic equipment you have been issued. If this does not apply, enter N/A in blocks (A) through (C).

SIGNATURE

DATE: