



Employee Name: _____

Separation Date: _____

Department: _____

Supervisor: _____

	Items Issued	Returned To:	Date:
<input type="radio"/>	Laptop		
<input type="radio"/>	Desktop		
<input type="radio"/>	Office Phone		
<input type="radio"/>	Cell Phone		
<input type="radio"/>	Wireless Mouse		
<input type="radio"/>	Building Key		
<input type="radio"/>	Office Keys		
<input type="radio"/>	Filing Cabinet Keys		
<input type="radio"/>	Parking Pass		
<input type="radio"/>	Credit Card		
<input type="checkbox"/>	ID Badge		
<input type="radio"/>	Uniforms (Security Only)		

I acknowledge I have received the College property identified above, as applicable.

Supervisor Signature/Date

Human Resources Signature/Date