

Property Manager: ___

OFFICE OF ADMINISTRATION AND FINANCE

Property & Safety
Equipment Responsibility Form

Equipment Issued:		
Item Description:		
Tag #:	Model #	
Serial #:		
Borrower's Information		
Name:		
Department:		
Address:		
City:	State: Zip:	
Work Phone:	Home Phone:	
Cell Phone:	Email:	
of the employee to maintain these items in the director/supervisor and to the Director of the employee will be charged the replacement.	s necessary for the employee to carry out his/her job responsibility. It is the respons bood repair. All transferred, lost or damaged equipment must be immediately report Property Management. Int value for any item damaged, lost or stolen. Employee will be given 60 days after they must pay for the item. This payment will not be refunded if the item is located	ted to
a full or partial exemption from these provis employee was not negligent in the loss, dam	nance may, at the recommendation of the Director of Property Management, grant ons should it be determined, based upon evidence provided by the employee, that t age or theft of equipment or that other mitigating circumstances exist. Furthermore ppropriate personnel actions whenever equipment is damaged, lost or stolen.	:he
4. By signature below, employee acknowledge	and accepts the terms and conditions of this equipment responsibility form.	
Borrower's signature:	Date:	
Checked OUT by:	Date/Time:	

Date/Time: ___