

ISSUANCE/AUTHORIZATION FOR EQUIPMENT OR UNIFORMS

Name: _____	Employee Number: _____
Position: _____	Department: _____
Hire Date (Month/Day/Year): _____	Today's Date (Month/Day/Year): _____

I acknowledge that I have received the following:

Item: _____

Model: _____ Brand: _____

Serial Number: _____ Cost: \$ _____

Item: _____

Model: _____ Brand: _____

Serial Number: _____ Cost: \$ _____

Item: _____

Model: _____ Brand: _____

Serial Number: _____ Cost: \$ _____

Item: _____

Model: _____ Brand: _____

Serial Number: _____ Cost: \$ _____

I understand that the above items may be returned and replaced at the Company's expense if damaged due to normal wear and tear. Should I lose the above items or should they become unusable due to my willful act, including willful neglect, I understand I will be required to reimburse the Company for the replacement value of the item. I further understand that these items **must be returned** to the company **upon termination of my employment** and that I am fully responsible for the replacement value of any unreturned items.

Employee's Signature

Date (Month/Day/Year)

Distribution: Original to Employee Personnel File, Copy to Employee and Payroll