



# EQUIPMENT ISSUANCE/RETURN FORM

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_  
NETWORK USERNAME: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_  
SUPERVISION: \_\_\_\_\_

## EQUIPMENT ISSUED

EQUIPMENT ISSUED:	DESCRIPTION:	MAKE/MODEL:	SERVICE TAG/SERIAL #:	DATE ISSUED:	DATE RETURNED:
COMPUTER					
LAPTOP					
CELL PHONE					
DESK PHONE					
KEYS/FOBS					

I acknowledge that I have received the following equipment for use in my work processes.

I understand that it is my complete responsibility to keep equipment in a safe place within my work space. I also understand that under no circumstances am I to remove the equipment from the City of Santa Fe without first completing and signing the City of Santa Fe Temporary Removal of Property Form and submitting it to the ITT End User Management for proper approval.

I am aware that if the equipment is broken, stolen, or damaged; it is my responsibility to immediately report to the ITT EUS staff. I also understand that I may be charged for any damages that occurred while in my possession that are a result of misuse or carelessness. (This is based on method of damages.)

I understand that once my employment ends with the City of Santa Fe, it is my responsibility to return all equipment signed out to me. Failure to do so will result in the withholding of my final paycheck.

By signing below, employee acknowledges that he/she has reviewed this equipment responsibility form, and accepts the condition set forth as related to the equipment described below.

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT NAME

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT NAME

Department Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT NAME

### ITT USE ONLY

Received by: \_\_\_\_\_ On: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINT NAME DATE

Completed by: \_\_\_\_\_ On: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINT NAME DATE