

Company Equipment Form

Employee Name: _____

Date: _____

Equipment Information (please include all devices provide by the company and add a separate sheet of paper if necessary:

Type of Device: _____

Serial Number: _____

Other Information: _____

Type of Device: _____

Serial Number: _____

Other Information: _____

Type of Device: _____

Serial Number: _____

Other Information: _____

By signing below, I state that I have received the equipment listed above as well as the company policy regarding company equipment. If at any time I loose or damage any of the equipment above, I understand it is my responsibility to replace the equipment. At any time during my employment, when asked or at the end of employment with {Client Name}, I shall return the equipment above that was assigned to me for usage. If I am unable or do not return the equipment above, I will be charged the full replacement value of such equipment. Also, by signing below, I agree those charges can be deducted from my paycheck including the last paycheck.

Employee Signature: _____ Date: _____