

St. Clair County Community Mental Health
Property Receipt Record

Employee: _____ Program: _____

Last Day of Work: _____

Instructions: Supervisors will fill out the checklist below to document the return of agency property & equipment on the employee's last day of work, whether it is for a transfer/reassignment, resignation/retirement, termination, or FMLA/leave of absence. Supervisors will then return the equipment to the IT Help Desk Technician.

***Note: If position is *not* to be filled, equipment should then be returned to Administration.**

***Supervisors should reach out to the Finance Director if any equipment/property is not returned the employee's last day of work.**

Property Receipt Checklist

- | | | | |
|--|------------------------------|-----------------------------|---|
| Name Badge | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Building Keys | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Desk and File Cabinet Keys | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Agency Credit Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Laptop Computer*
<small>(Including laptop bag, charger cord, & mouse)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Portable Printer and Power Cable* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Cellular Phone*
<small>(Including charging block (wall plug) and cable)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| DUO 2FA Token (2 Factor Authorization)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| OASIS 2FA Token (2 Factor Authorization)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

Other Job Specific Equipment (e.g., nurse's stethoscope, Blood Pressure cuff, etc.) (please list below):

Supervisors: Please contact the IT department regarding the reconfiguration of a workstation.

Employee Signature

Print Name

Date

Supervisor Signature

Print Name

Date