COMPANY PROPERTY AGREEMENT FORM

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Company Property Description** | **Serial No.** | **Dollar Value** | **Date Issued** | **Employee Signature** | **Date Returned** |
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I acknowledge receipt of the above listed pieces of equipment.

I understand that:

* The above listed equipment remains the properties of [Organization Name]
* The equipment is intended only for business purposes
* I am responsible for keeping all listed equipment in safe operating order and condition
* Upon my separation from [Organization Name], I must return the equipment in the same condition they were received
* If I have any concern about the safety of any piece of equipment, I am responsible for bringing this to the attention of management or a safety representative immediately.
* If a piece of equipment is damaged during the course of work, I will inform my supervisor as soon as possible of what occurred.
* I will be subject to the progressive discipline process, up to and including termination of employment, if I fail to report any damage to equipment, specifically damage that renders it unsafe to use.

I understand that I will be requested to compensate [Organization Name] for the failure to return company equipment if I do not return it upon termination of the employment relationship and a consent/authorization for deduction will be presented to me.

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Employee Name Employee Signature

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Supervisor Name and Signature Date