Company Property Return Form

Complete this form on or before the employee's last working day. List every item issued to the employee, using the original equipment issue record. Mark each item as returned, missing or damaged. Remote employees should use the prepaid return kit and keep the shipping receipt.

EMPLOYEE DETAILS

Employee full name

Employee ID

Job title

Department / team

Site / work location

Work arrangement

☐ On site ☐ Remote ☐ Hybrid ☐ Field / mobile

Manager name

Last working day

Personal email and phone for follow-up after departure

TECHNOLOGY AND EQUIPMENT

Laptop or desktop: asset tag, serial number, condition

Charger, docking station, monitor(s), keyboard, mouse

Headset or phone handset: asset tag and condition

Company mobile phone or tablet: serial / IMEI, passcode removed

Hardware security key or token

Other devices (scanner, printer, hotspot, webcam)

ACCESS, KEYS AND CARDS

ID badge / access card returned

☐ Returned ☐ Missing ☐ Not issued

Building, office, locker or vehicle keys (list each)

Parking permit or fob

☐ Returned ☐ Missing ☐ Not issued

Company credit or fuel card returned and cut

☐ Returned ☐ Missing ☐ Not issued

OTHER COMPANY PROPERTY

Uniforms, PPE, safety boots or tools (list item and quantity)

Company vehicle: plate number, mileage, fuel level, condition

Paper files, manuals, customer records or samples

USB drives or other storage media

REMOTE RETURN (IF APPLICABLE)

Return kit sent on

Carrier and tracking number

Date package received by IT

Contents matched the issue record

☐ Yes ☐ No, see notes

DATA AND ACCOUNTS

☐ Employee confirms no company data kept on personal devices or personal cloud storage

☐ Device lock and personal accounts (Apple ID, Google, etc.) removed from company devices

Company accounts disabled by IT on (date)

Devices wiped or quarantined for legal hold

☐ Wiped ☐ On legal hold ☐ Pending

MISSING OR DAMAGED ITEMS

Item, description and reason given

Agreed follow-up (return by date, replacement, other)

Follow-up due date

SIGNATURES

☐ I confirm I have returned all company property listed above, except items noted as missing or damaged.

Employee signature

Date

Date

Received by (name and title)

Receiver signature

Date

Date