Equipment Issue and Acknowledgement Form

Complete one form per employee at hire and update it whenever equipment is added, swapped or returned. The employee should check each item before signing. Keep the signed form with the asset register and the personnel file.

EMPLOYEE DETAILS

Employee full name

Employee ID

Job title

Department / team

Site / work location

Work arrangement

☐ On site ☐ Remote ☐ Hybrid ☐ Field / mobile

Manager name

Start date

TECHNOLOGY ISSUED

Laptop or desktop: make, model, asset tag, serial number

Accessories: charger, dock, monitor(s), keyboard, mouse

Headset: model, asset tag

Mobile phone or tablet: model, serial / IMEI, phone number

Hardware security key or token

Condition at issue

☐ New ☐ Refurbished, good ☐ Used, minor wear (describe below)

Condition notes

ACCESS, KEYS AND CARDS

ID badge / access card number

Keys issued (building, office, locker, vehicle; list each)

Parking permit or fob

Company credit or fuel card (last four digits and limit)

UNIFORMS, PPE, TOOLS AND VEHICLES

Uniform items and quantities

PPE issued (safety glasses, gloves, hi-vis, hard hat, other)

Tools or handheld devices (scanner, radio, meter)

Company vehicle: plate, mileage at issue, condition

DELIVERY

Delivery method

☐ Handed over in person ☐ Shipped to home address ☐ Picked up at site

Carrier and tracking number

Date received by employee

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I have received the items listed above in the condition described, and that they remain the property of [Company Name]. I will use them for company business in line with the [Acceptable Use Policy] and other company policies, keep them reasonably secure, report loss, theft or damage to [Contact or Help Desk] within [24 hours], and not install unapproved software or let others use them. I will return all items, along with any passwords or device locks removed, on or before my last working day or when asked. I understand the company may monitor company devices and accounts as described in its policies.

OPTIONAL COST-RECOVERY AUTHORIZATION (CHECK STATE LAW BEFORE USING)

☐ I authorize [Company Name] to recover the replacement cost of items I fail to return, as permitted by applicable law. This authorization does not allow deductions that reduce my pay below minimum wage or reduce overtime owed.

Employee initials

SIGNATURES

Employee signature

Date

Date

Issued by (name and title)

Issuer signature

Date

Date

Entered in asset register on