

Home-Based Employee Equipment Inventory

Employee Name: _____

Telephone Number: _____ Pager Number: _____

Address: _____

Work Unit: _____ Manager: _____

Job Title: _____

Computer Information:

Type of Computer: Desk Top (Stationary) or Mobile (Laptop or tablet)

Make: _____ Model: _____

Serial Number: _____ DHR Inventory Number: _____

Type of Printer: _____ Serial Number: _____

Make: _____ Model: _____

Type of Fax Machine: _____ Serial Number: _____

Make: _____ Model: _____

Internet Provider: _____ Type of connection: DSL, Cable, Dial-up

Pager Information:

Type of pager: _____ Serial Number: _____

Radio Information:

Type of radio: _____ Serial Number: _____

Calling Card Number: _____

Do you have any furniture in your home that was obtained from a DFCS office or state surplus inventory? YES NO

If yes, list type of furniture and state serial numbers on furniture:

Miscellaneous Information: _____

Employee Agreement: I certify that I have the above equipment and other items in my possession. Upon termination of my employment all state issued items must be returned to my supervisor. If my office is moved from my home, the State will no longer reimburse me for Internet charges. All state supplied items are to be used for business purposes only.

Employee Signature

Date