

Faculty/Staff/Student Employee Inventory



Check the appropriate box below each time a university employee is issued property or equipment, or receives access or system authorization. This form must be retained by the appropriate Senior Administrator or Supervisor and forwarded to University Payroll Services through the Home Department Coordinator when the employee is transferred or terminated.

Employee: _____ Employee ID: _____ Hire Date: _____

Department: _____ Supervisor: _____ Phone: _____

University Property and Equipment

Faculty/Staff/Student Employee—Initial and date each time an item is received or returned.

- | | | |
|--|--|----------------------------|
| <input type="checkbox"/> Calculator | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Cellular Phone | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Desktop Computer | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Laptop Computer | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Fax Machine | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Pager | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Palm Pilot | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Printer | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Remote Control Device | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Scanner | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Tools | Received: _____ Date _____ | Returned: _____ Date _____ |
| <i>(computer, lab, medical, trade, etc.)</i> | | |
| <input type="checkbox"/> Two-way radio | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Corporate Charge Card | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Expenditure Card | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Faculty Center Dept. Card | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Files <i>(paper & electronic)</i> | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Journals | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Keys | Received: _____ Date _____ | Returned: _____ Date _____ |
| <i>(Building, office, desk, file cabinets, vehicle, etc.)</i> | | |
| <input type="checkbox"/> Manuals | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Name Tag/Badge | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Procurement Card | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Travel Charge Card | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Staff ID/USCard | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Stationery | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Supplies | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Uniforms | Received: _____ Date _____ | Returned: _____ Date _____ |
| <input type="checkbox"/> Other | <i>Attach a detailed list of additional items with their description to this form.
Provide a place for the employee to initial and date "Received and Returned."</i> | |

Access/Authorization

Senior Administrator or Supervisor--Initial and date each time access and/or authorization is approved or cancelled.

- AIS-A2000 Authorized: _____ Date _____ Cancelled: _____ Date _____
- AIS-B2000 Authorized: _____ Date _____ Cancelled: _____ Date _____
- AIS-C2000 Authorized: _____ Date _____ Cancelled: _____ Date _____
- AIS-D2000 Authorized: _____ Date _____ Cancelled: _____ Date _____
- Authorized Signer Authorized: _____ Date _____ Cancelled: _____ Date _____
- DSL Authorized: _____ Date _____ Cancelled: _____ Date _____
- E-mail Authorized: _____ Date _____ Cancelled: _____ Date _____
- Long Distance CID Authorized: _____ Date _____ Cancelled: _____ Date _____
- SIS Authorized: _____ Date _____ Cancelled: _____ Date _____
- Unix Account Authorized: _____ Date _____ Cancelled: _____ Date _____
- Other *Attach a detailed list of additional authorizations with their description to this form. Provide a place to initial and date "Authorized and Cancelled."*

Transfer or Employment Termination

Transfer or Termination Effective Date: _____

Employee Forwarding Address: _____

Clearance

- Outstanding travel expenses, travel advance, debt, petty cash settled.
- Termination information pamphlet provided by Benefits Administration or HSC Personnel Services given to employee.
- I acknowledge that the above equipment and property has been returned or accounted for in the attached information. *If any of the above items have not been returned, attach an explanation of the circumstance (i.e. purchased, lost, stolen).*

I acknowledge that the above access and authorizations have been cancelled.

Sr. Administrator/Supervisor's Name (Print) Signature Date

Forward to Payroll Services through your Home Department Coordinator.