



PROPERTY RETURN AGREEMENT

AGREEMENT

Instructions: Submit through your supervisor. New Hires will be assigned keys upon right to work and must pick up in Administration with badges. Additional property requests and keys, other than location transfers, require approval through the Department Director BEFORE processing. All forms must be returned to HR for disposition to applicable department, exception approval, tracking and retention of property assigned/returned. All terminations require return of property to HR at exit or may risk being charged replacement values as shown.

Note keys received by location in columns and access provided. Record date key(s) received or are returned. Use comments columns to explain unusual requests or to document reissued keys. For Offices/Classrooms, note office number in column 2 if known, otherwise check with an X. *Distribution:* Complete with supervisor and return to HR for tracking and retention when property is assigned/returned. New property, including keys (excluding new hires), keys not distributed through supervisors, and unusual requests require Director approval before duplication is allowed. Refer questions to HR.

YOUR NAME / TITLE:		DATE:		Business Cards to be Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
KEYS / FACILITY (OFFICES)				PROPERTY, ACCESS, AND RIGHTS	
LOCATION		ACCESS/Description		PROPERTY DESCRIPTION *	
<input type="checkbox"/> Autumn <input type="checkbox"/> Connie <input type="checkbox"/> Debra <input type="checkbox"/> Durian <input type="checkbox"/> Elizabeth <input type="checkbox"/> Lupe		<input type="checkbox"/> ML <input type="checkbox"/> Naomi <input type="checkbox"/> Orlando <input type="checkbox"/> Pina <input type="checkbox"/> Teen <input type="checkbox"/> Thom		<input type="checkbox"/> Front <input type="checkbox"/> Office <input type="checkbox"/> Petty Cash <input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Office		<i>Note # of office:</i>		Computer Needs - <input type="checkbox"/> N/A <input type="checkbox"/> Computer - <input type="checkbox"/> Internet and/or <input type="checkbox"/> Wireless <input type="checkbox"/> Programs - <input type="checkbox"/> Office <input type="checkbox"/> Graphics <input type="checkbox"/> Other : <input type="checkbox"/> Other: <input type="checkbox"/> Printer <input type="checkbox"/> FAX <input type="checkbox"/> Company Email:	
<input type="checkbox"/> CLASSROOM(S) <input type="checkbox"/> SCHOOL DOOR <input type="checkbox"/> Mail/Copy Room <input type="checkbox"/> Staff coffee Room <input type="checkbox"/> Staff Restroom <input type="checkbox"/> Resident Restroom		<i>Note # of classroom:</i>		Computer Access <input type="checkbox"/> CMS <input type="checkbox"/> Other:	
<input type="checkbox"/> TC House:		Return Date:		Phone Needs <input type="checkbox"/> Office Extension: <input type="checkbox"/> Cell (identify): <input type="checkbox"/> Pager Phone # : Requested Plan need: (Unlimited minutes, email, etc.)	
<input type="checkbox"/> Other (describe):		Return Date:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:		Return Date:		Work Order Status <input type="checkbox"/> Key Requests to Maintenance Date : <input type="checkbox"/> Completion Date: <input type="checkbox"/> Property Received – Date: <input type="checkbox"/> Pending Transactions:	
SUPERVISOR Request:		Date:		HR Approval:	
<small>(Required for keys not associated with location assigned)</small> DIRECTOR APPROVAL:		Date:		Closed Request: <input type="checkbox"/> Yes <input type="checkbox"/> No:	

I, the undersigned employee, have received the above items from my employer, New Haven Youth and Family Services, Inc. (New Haven). I have requested same with the knowledge and approval of my supervisor. I acknowledge that all items listed above remain the sole property of New Haven and understand that I may be charged a fee as a replacement cost of \$5.00 for each key not returned upon transfer/termination, at supervisory request and/or if lost. Should I damage equipment, fail to return it and/ or lose item(s) identified above I am aware that I may be charged for the value, up to the replacement indicated above, for items not returned and/or damaged due to gross negligence.

If I leave my employment for any reason, I agree to **return** all of the above items by my final day of employment. I further agree to return any or all of the above items at any other time my employer so requests.

Employee's Name

Employee's Signature

Date