

# 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 (computer, lab, medical, trade, etc.)	Received: _____ Date _____	Returned: _____ Date _____
<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 (paper & electronic)	Received: _____ Date _____	Returned: _____ Date _____
<input type="checkbox"/> Journals	Received: _____ Date _____	Returned: _____ Date _____
<input type="checkbox"/> Keys (Building, office, desk, file cabinets, vehicle, etc.)	Received: _____ Date _____	Returned: _____ Date _____
<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.

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

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## 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.

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Sr. Administrator/Supervisor's Name (Print)

Signature

Date

**Forward to Payroll Services through your Home Department Coordinator.**