



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1901 A1**

EMPLOYEE ONBOARDING/OFFBOARDING PROPERTY CHECKLIST

Action Request: Assigned <input type="checkbox"/> Transfer <input type="checkbox"/> Returned <input type="checkbox"/> Other <input type="checkbox"/> (Specify): _____				Employee Date of Hire:	
Employee Name:		Supervisor's Name:			Employee Date of Separation:
Employee ID Number:		Supervisor's Work Email:			
Employee Job Title:		<u>Access Items</u>			
Employee Work Email:		<u>Key Type</u>	<u>Date Issued</u>	<u>Date Returned</u>	
Division/Office/Unit Location:	If DFCS, 4E Employee: Y/N	Facility Key			
Street/P.O. Box		File Key			
City:		ID Badge			
State:	Zip:	Office/Cubicle Key			
GA		Other Key			
		Parking Permit			
		Vehicle Key			

Line Item	Equipment Type	Asset Tag No.	Description (Including Make, Model, Serial Number, Etc.)	Condition (Good, Fair, Poor)	Date Issued	Date Returned
1						
2						
3						
4						
5						

Released by: _____ Received by: _____ Date: _____

UNRETURNED ITEMS

Line Item	Equipment Type	Asset Tag No.	Condition of Equipment or Issue Type (Ex: Malfunction, Missing, Stolen or Damaged)
1			
2			
3			
4			
5			

Released by: _____ Received by: _____ Date: _____

Employee Printed Name:		Supervisor Printed Name:	
Employee Signature:		Supervisor Signature:	
Date:		Date:	

By signing this form, I agree to the following: I am responsible for the equipment or property issued to me; I will use it/them in the manner intended; I will be responsible for any damage done (excluding normal wear and tear); upon separation from the Company, I will return the item(s) issued to me in proper working order (excluding normal wear & tear); I will replace any items issued to me that are damaged or lost at my expense; I authorize a payroll deduction to cover the replacement cost of any item in accordance with the provisions of DHS Policy #1901: Employment Separations and its attachments.