

St. Clair County Community Mental Health Authority
Property Receipt Record

EMPLOYEE: _____ PROGRAM: _____
LAST DAY OF WORK: _____

Instructions: Check the appropriate box. Supervisor telephones Finance Director if equipment is not turned in on the employee's last day of work. ***Supervisor sends equipment to IT Help Desk Technician.**

Name Badge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Building Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Desk and File Cabinet Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Agency Credit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Laptop Computer*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<i>Include, bag, power supply, and mouse</i>			
Portable Printer and Power Cable*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cellular Phone*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<i>Include Charging block [wall plug] and cable</i>			
2FA (2 Factor Authorization)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If Token is assigned, this can be verified by Data Management Department

Job specific equipment (e.g., nurse's stethoscope, BP cuff, etc.) Please list: _____

NOTE: Contact the IT Department regarding reconfiguration of workstation

Supervisor Signature

Date

Employee Signature

Date

NOTE: If position is *not* to be filled, equipment is to be sent to Administration.

Original: Personnel File
cc: Finance Director
IT Help Desk Technician