**Equipment Issuance Form**

This is to certify that I, ­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been issued the following equipment (check box(es) below):

🖵 Verizon Apple iPhone 7 with charger and headphones

🖵 Dell Laptop # THA -Tablet\_\_\_\_\_\_\_

🖵 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have inspected the equipment issued to me and (check box below):

🖵 There are no damages beyond reasonable wear and tear.

🖵 There are damages beyond reasonable wear and tear:

Note damages here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that this equipment was issued to me for business purposes and is not for personal use. I agree that I will not load or allow to be loaded any software that is not expressively approved by the administrator. I further understand that all equipment is the property of THA Group and that equipment and all pieces issued must be returned upon request.

I acknowledge that I have been issued and read the Company Issued Equipment Policy. I further acknowledge that the policy may be updated from the issuance of equipment and that it is my responsibility to stay current on policy updates and that I am able to access the policy at any time via the company employee resources page.

I consent to having payment deducted from my paycheck for any loss, theft, misuse or damage due to my negligence to properly care for my equipment. I further provide consent to have payment deducted from my paycheck for failure to return equipment on or before my last day of work or when requested.

By signing below, I understand, acknowledge and consent to the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature