**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 \_\_\_\_\_\_\_

🖵 Attachments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🖵 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 attachments issued must be returned upon request or upon my resignation to the Corporate Office (3 W Perry Street, Savannah, GA). **Initial\_\_\_\_\_\_\_\_\_\_\_\_**

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**. Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that any company equipment that becomes lost, damaged or not in good working condition will be reported to my leader and IT immediately. **Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**

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. **Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Print Name Date

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

Signature