



Uniform/ETC... Checklist

Name:

Date Of Hire:

Department:

Supervisor:

Item	Quantity	Cost	Serial #	Employee Initials
<input type="checkbox"/> Keys				
<input type="checkbox"/> Alarm Code				
<input type="checkbox"/> Short Sleeved Shirts				
<input type="checkbox"/> Long Sleeved Shirts				
<input type="checkbox"/> Pants/Shorts				
<input type="checkbox"/> iPad/ Lap top Accessories				
<input type="checkbox"/> Credit/Gas Cards				
<input type="checkbox"/> Dealer Plates				

I acknowledge that I have received all the items issued above. I agree to return all items in good condition. If my employment is terminated or issued equipment above is lost or damaged before the completion of one year, a prorated portion of the cost of the equipment will be deducted from my final paycheck.

Employee Signature: _____

Date: _____