



Company Logo

319 Tampa Road
Oldsmar, FL 34677

Phone (727) 733-6111 Fax (727) 733-6002
www.healthandpsychiatry.com

Acknowledgement of Receipt of Company Property

Name:

Date:

Description of Equipment or Property Issued to Employee:

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 issued to me that is not returned for whatever reason, or is not returned in good working order.

Employee Signature:

Date:

Manager Signature:

Date: