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| --- | --- |
| **Date of Issuance:** | {{DateOfIssuance}} |
| **Name of Employee/Trainee:** | {{LastName}},{{FirstName}} – {{EID}} |
| **Program/Department:** | {{Program}} |
| **Batch:** | {{Batch}} |
| **Item Description:** | {{Description}} |
| **Serial Number:** | {{Serial}} |
| **Cost:** | $ {{Cost}} |
| **Prepared By:** | {{PrepBy}} |
| **Issued By:** | {{IssuedBy}} |
| **Issuing Department/Unit:** | {{DeptIssued}} |
| **Remarks:** | {{Remarks}} |

**By signing this form, I agree to the following:**

* That upon receipt of the Dual Adaptor, I will carefully check for any physical damage or defect. I understand that I am given 24 hours, upon receipt of the Dual Adaptor, to inspect and surrender the same to the Operations team for re-evaluation. In my failure to raise any issue after the 24th hour, it shall be considered as my implied acceptance that I received the Dual Adaptor in good working condition as well as the terms outlined in this document.
* I am responsible for the equipment or property issued to me
* I will use the item/s in the manner intended
* I will be held liable for the full cost of the item issued for any damage, including damages made to the serial number
* I will be held accountable for the full cost of the item issued in case of loss of the item or loss of the serial number
* Upon separation from the company for whatever reason:
  + I will return the item(s) issued to me in proper working condition
  + I will return the item issued to me within 24 hours from my separation date from the company otherwise, the full cost shall be deducted from my final pay.
  + I will return the item issued to me with matching serial number. I understand that I will be held accountable for the full cost of the item issued if it is returned without the serial number, with a damaged serial number, or the item is returned with a different serial number.

**I authorize the company to deduct the full cost of the item from my pay/final pay subject to the conditions set forth in this document.**

**Received by:**

{{LastName}},{{FirstName}} – {{EID}}

**Signature over Printed Name / Date**