This sample document is provided for general information only. Please seek legal / professional guidance.

Company Logo Here	
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## **JOINER / LEAVER ASSETS CHECKLIST**

EMPL	OYEE'S NAME :			_		
DESIG	SNATION :			-		
DEPA	RTMENT :			•		
				• •		
NO	ITEMS	ENTRY	EXIT	REMARK		
1.0	ACCESS CARD					
	Serial No:					
	Date:					
	DEDI ACEMENT CARD (2nd cord)					
	REPLACEMENT CARD (2nd card) Serial No:					
	Date:					
	Date.					
	REPLACEMENT CARD (3rd card)					
	Serial No:					
	Date:					
2.0	PANEL CLINIC CARDS:					
2.1	Insert name of panel clinic no. 1					
2.2	Insert name of panel clinic no. 2					
:	:					
	CLAIMS FOLDER (if any)					
	LAPTOP (if any)					
5.0	BUSINESS CARDS (if any)					
	DRAWER KEYS (if any)					
7.0	OFFICE DOOR KEY (if any)					
	MOBILE PHONE (if any)					
	TRANSPONDER (if any)					
10.0	CAR PARK STICKER (if any)					
		Desirient	LID/Admin Davagnad			
		<u>Recipient</u>	HR/Admin Personnel			
	Initial / Sign by:					
	Date Issued / Date Returned:					
	For IT/HR & Admin Department Use Only					
	Remove Email Address from Laptop	YES	Date :			
	Remove Pop Up	YES	Date :			
	Back Up Work Files	YES.	Date :			
	Reformat Laptop	YES	Date :			
	Colected Stationery	YES	Date :			
	Cancelled Access Card	YES	Date :			
Emails to be redirected to :				_		
	Signed off by IT Personnel:			_		
	Date :					
Dale .						