

TELEWORK EQUIPMENT INVENTORY

Section I. Personal Property/Equipment Supplied by Employee:

All property identified by a checkmark below are employee provided. Add other items/equipment as fit the particular circumstances.

- | | |
|--|--|
| <input type="checkbox"/> Office Chair | <input type="checkbox"/> Phone (Number: ___ - _____) |
| <input type="checkbox"/> Lockable Filing Cabinet | <input type="checkbox"/> Computer/Laptop |
| <input type="checkbox"/> Desk | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other _____ |

Section II. Property/Equipment Provided by Employer:

Listed below, identified by a checkmark, are employer provided. Place **N/A** beside all equipment that is not provided by the employer and add as many other items as fit the particular circumstances. Hand receipts must be properly executed for all government property.

- | | |
|--|---|
| <input type="checkbox"/> Office Chair | <input type="checkbox"/> Cell Phone (Number: ()-_____) |
| <input type="checkbox"/> Lockable filing cabinet | <input type="checkbox"/> Computer/Laptop |
| <input type="checkbox"/> Desk | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Employee signature: _____

Date: _____

Supervisor signature: _____

Date: _____