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.

____ Office Chair     ____ Phone (Number: ___-________)
____ Lockable Filing Cabinet   ____ Computer/Laptop
____ Desk      ____ Printer
____ Other: ____________________________ ____ 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.

____ Office Chair     ____ Cell Phone (Number: (  )-___________
____ Lockable filing cabinet   ____ Computer/Laptop
____ Desk      ____ Printer
____ Other: ____________________________ ____ Other: ____________________________

Employee signature: ____________________________ Date: ____________________

Supervisor signature: ____________________________ Date: ____________________