

# Company Property Return Agreement

Employee Name

Job Title

Department

Date

## List of Returned Company Property

Item Description	Serial / ID Number	Condition	Comments

I hereby confirm that I have returned all company property issued to me during the course of my employment with the company listed above. I understand that failure to return company property or returning damaged property may result in deductions from my final salary or legal action by the company.

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Employee Signature  
Date:

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Company Representative  
Date: