

Remote Worker Equipment Loss Declaration

Employee Details

Full Name

Employee ID

Department

Contact Number

Equipment Details

Equipment Type

Make/Model

Serial Number / Asset Tag

Date of Loss

Description of Loss

Describe the circumstances of the loss

Location of Loss

Actions Taken (e.g. reported to police, attempted recovery, etc.)

Declaration

I declare that the information provided above is accurate to the best of my knowledge.

Employee Signature

Date