

# Security Uniform & Gear Release Form

Employee Name

Employee ID

Date

Position / Title

Department / Location

## Issued Uniform & Gear Details

Item	Qty	Size/Specification	Condition	Remarks

By signing below, I acknowledge receipt of the above listed uniform(s) and/or gear, and accept responsibility for their care and return upon request or termination of employment.

Employee Signature

Date

Supervisor / HR Signature

Date

Additional Notes