

# Employee Equipment Assignment Form

Employee Name

Employee ID

Department

Date Assigned

Equipment Assigned

Equipment Name	Serial Number	Condition	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

Employee Signature

Date