Employee Device Assignment Sheet

Employee Name						
Employee ID						
Department						
Position						
Date Assigned						
Date Assigned						
Supervisor						
Device Type	Brand/Model	Serial Number	Asset Tag	Accessories	Condition	Return Date
Notes						
Employee Signature						
F - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						
Date						
TT Ob # Oims show						
IT Staff Signature						
Date						