**Asset Acceptance Form**

I acknowledge that, while I am employed by the City of Hilliard, I will take proper care of all City equipment that I am provided. I further understand that upon separation, I will return all City of Hilliard property and that the property will be returned in proper working order. I understand I may be held financially responsible for lost property or property damaged due to my negligence. This agreement includes, but is not limited to, laptops, cell phones and other IT equipment. I have taken responsibility for the equipment listed below:

|  |  |  |
| --- | --- | --- |
| Device | Serial Number | IT Asset Tag |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Employee Name (Please Print)



Date- 1/30/20