

Charles City Public Schools
PROPERTY RETURN FORM

PART I – To be completed by Administrator/Supervisor

Please complete the following information and return this form to the Department of Human Resources. This form needs to be completed by the employee's last day of work.

Employee Name: _____

Location: _____

Job Title: _____

Final Day of Employment (month/day/year): _____

ITEM	EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE
Key(s) (Return to Issuing School or Office)		
Identification Badge/proximity card (return to Administrator)		
Cell Phone		
Laptop		
Other School Issued Equipment		
Other		

Signatures below confirm that the above-named employee has returned all items belonging to Charles City County Public Schools and that all items have been received by the appropriate Administrator/Supervisor.

Signature of Employee: _____ Date: _____

Signature of Administrator/Supervisor: _____ Date: _____

FOR INTERNAL USE ONLY

INITIALS DATE

Email account		
Network		
PowerSchool		
Aesop		

cc: Director of Operations