

CONFIDENTIAL DOCUMENT

Employee _____

Department _____ Employee #

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I acknowledge receipt of the company-owned assets listed below. I agree to maintain the assets in good condition and to return them when I discontinue working for the Associated Students, Incorporated, or earlier if requested. I promise to report any loss or damage immediately. I further agree to use said assets for work-related purposes only.

Signature _____ Date _____

Item(s)	Qty	Serial or ID #	Received from (Signature)	Date
<input type="checkbox"/> Network Access		Room Number		
<input type="checkbox"/> Voice Mail Account		Extension #		
<input type="checkbox"/> CSULB Email Address @csulb.edu				

CLEARANCE CERTIFICATE To be completed by staff prior to separation, retirement, or unpaid leave of absence.

Submission of this completed report is required for release of your final paycheck. Before leaving the Associated Students, Incorporated the separating employee must secure clearance signatures from the offices listed below. The Clearance Form will not be accepted unless ALL applicable signatures are obtained. Submit the completed form to the Human Resources Office. Please make a photocopy for your records before submitting the completed form. Individual offices have various service hours. Please contact them for specific hours of service.

	<u>AUTHORIZED SIGNATURE</u>	<u>DATE</u>
DEPARTMENT OFFICE (Office equipment, laptops, cell phones, radios, etc.)	_____	_____
BUILDING SERVICES [USU-006] (Keys, building access codes)	_____	_____
NETWORK ADMINISTRATION [USU-220] (Network, e-mail and voice mail)	_____	_____
BUSINESS OFFICE [USU-220] (Credit cards, cash advances)	_____	_____
HUMAN RESOURCES [USU-215] – FINAL STOP! Parking Decal, Gate Pass: <input type="checkbox"/> Returned <input type="checkbox"/> N/A	_____	_____

_____	_____	_____
Employee Name (please print)	Employee Signature	Date
_____	_____	_____
Social Security #	Last Day Worked	Department