EMPLOYEE EQUIPMENT AGREEMENT

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| **EMPLOYER INFORMATION** |

Employer: [EMPLOYER NAME] Supervisor: [SUPERVISOR NAME]

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| **EMPLOYEE INFORMATION** |

Name: [EMPLOYEE NAME] Address: [EMPLOYEE ADDRESS]

Phone #: [EMPLOYEE PHONE] Employee #: [EMPLOYEE ID #]

Position/Title: [EMPLOYEE POSITION/TITLE]

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| **EQUIPMENT** **INFORMATION** |

Make: [EQUIPMENT MAKE] Model: [EQUIPMENT MODEL]

Serial #: [EQUIPMENT SERIAL #]

Additional Info: [ADDITIONAL INFO]

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| **TERMS** |

By signing this form, I, the employee, acknowledge the equipment above is in working order and that I agree to the following terms:

* 1. The equipment is to be used for company purposes only;
  2. If the equipment is damaged (excluding normal wear and tear), lost, or stolen outside of company premises or off company time I am responsible for any repair or replacement costs; and
  3. Upon separation from the company, I will return the equipment in good working order. If I fail to return the equipment upon separation from the company, or if it is damaged (excluding normal wear and tear), I authorize a payroll deduction to cover any replacements costs the company might incur.

Employee Signature: Date:

Print Name: [EMPLOYEE NAME]