



**Arkansas Department of Military**  
 Cabinet Secretary - Major General Jonathan M. Stubbs,  
 The Adjutant General

**Property Issuance and Return Checklist**

The Hiring Supervisor will document the issuance of any DOTM property to the employee, indicating that the property is in good working order or noting any damage at the time of issuance. It is the supervisor's responsibility to maintain the form until the employee terminates the position. Upon the employee's termination of employment, the employee will return all DOTM property issued to him or her. The supervisor will document the return of all the issued property and the fulfillment of all the employee's financial obligations to DOTM.

Employee Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Hire Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Division \_\_\_\_\_

Issuance Date \_\_\_\_\_

Return Date \_\_\_\_\_

Supervisor will indicate **issuance and return** of each applicable item by placing initials in the appropriate space provided.

Technology	Make, model, SN, etc.	Issued	Initial	Returned	Initial	Remarks
Mobile phone						
Laptop/PC						
Other						

Keys	Make, model, SN, etc.	Issued	Initial	Returned	Initial	Remarks
Building						
Equipment						
Vehicle						
Other						

Cards	Make, model, SN, etc.	Issued	Initial	Returned	Initial	Remarks
Credit						
Purchasing Card (P-Card)						
Door entry						
Identification						
Telephone						
Other						

Uniforms	Make, model, SN, etc.	Issued	Initial	Returned	Initial	Remarks
Pants						
Shirts						
Boots						
Belt						
Gun						
Other						

By signing below, I acknowledge that the information contained in the above chart is true and accurate to the best of my knowledge.

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I acknowledge receipt of all items indicated above and acknowledge the condition of receipt is accurate. I further acknowledge that I understand any items issued to me as a result of my employment with the Department of the Military **must** be returned upon termination of employment. I understand that if I do not return any of the items listed above, the Department of the Military may pursue legal action against me to recoup the amount of the property lost.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Return of Other Acquired Items Verification

Supervisor will indicate at employee's termination of employment the **return/repayment** of all following applicable items by placing initials in the appropriate space provided.

Miscellaneous	Returned	Initial	Remarks
Books			
Policy manuals			
Case files			
Confidential materials			
Other			

Financial	Repaid	Initial	Remarks
Education loans			
Travel expenses			
Other			

By my signature, I acknowledge the return and repayment information contained in the above table(s) is true and accurate.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I acknowledge the employee has returned all required DOTM property and is free of any financial obligation to the Department of the Military.

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**ORIGINAL TO:** Human Resources

cc: Employee  
Originating Supervisor's Personnel File