



ASSET TRACKING FORM

THIS FORM may be kept in the employee’s home-department personnel file and be used to track University assets that are assigned to the individual for authorized business use. The home department should regularly update this information. The individual should initial & date each transaction, and should keep a copy for their own records. The individual must account for and return assets immediately upon request by the department -- or upon separation from employment, prior to final payout -- whichever comes first.

INDIVIDUAL RESPONSIBILITY. Individuals are responsible for protecting the University assets assigned to them and are subject to disciplinary action (including possible termination of employment) and financial liability (including deduction from pay and/or accrued final leave payout) for the replacement value of assets due to loss of, damage to, or failure to account for and return, the assets.

AT SEPARATION FROM EMPLOYMENT. This *Asset Tracking Form* has a companion document, the *Separation Clearance Checklist*. Sections of the Checklist must be completed at the time of separation from employment by

- The individual
- The designated supervisor
- The home department’s HR/Payroll liaison
- The Department Head / Director

Please use the latest version of the **Separation Clearance Checklist**, available via the HR Forms website. Once completed, the department should submit a copy of the *Checklist* to Human Resources prior to the payroll cutoff date for the individual’s final paycheck.

Employee Name		Campus ID	
Home Department			
Date Last Updated:			

KEYS

KEY TYPE, for use below		THIS KEY OPENS
A	Room Only	Individual office door only, or other single secured room, such as storage or lab room
B	Room + Suite	Individual office door + door of suite/work area in which individual office or room is located
C	Room + Suite + Building	Individual office door + door of suite + external door(s) of building
D	Room + Building	Individual office + external door(s) of building
E	Suite Only	Suite / work area shared by multiple occupants
F	Suite + Building	Suite / work area shared by multiple occupants + external door(s) of building
G	External Building Only	External door(s) of building but no internal doors
H	Building Master	Offices, suites, work areas, storage areas, and/or external door(s) of one building
J	Multi-Building Master	Offices, suites, work areas, storage areas, and/or external door(s) of multiple buildings
K	Supply / Filing unit	Filing or supply cabinet, or similar storage unit
L	Locker	Individual storage or locker space
M	Furniture	Desk, credenza, or similar office furniture
N	Window	Key-secured window(s)
P	Vehicle	Key-secured or key-activated vehicle. Describe in LOCATION.
R	Equipment	Key-secured or key-activated equipment. Describe in LOCATION.
S	Other	Other key. Describe in LOCATION

ITEM #	KEY TYPE (A-S)	KEY CODE #	LOCATION (or other description)		RECEIVED BY EMPLOYEE (Initials)	RETURNED ON (Date)	RECEIVED BY Authorized Dept Rep (Initials)
			BUILDING / ADDRESS	ROOM / SUITE #			
1							
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EQUIPMENT & MATERIALS

	DESCRIPTION / INFO Include CAMS TAG # if Purchase Price \$5000+	Auth for Home Use?	RECEIVED BY EMPLOYEE (Initials)	RETURNED ON (Date)	RECEIVED BY Authorized Dept Rep (Initials)
INFORMATION TECHNOLOGY EQUIPMENT					
<input type="checkbox"/>	Computer: Desktop				
<input type="checkbox"/>	Computer: Laptop or Notebook				
<input type="checkbox"/>	Computer: Handheld				
<input type="checkbox"/>	Computer: Other				
<input type="checkbox"/>	Computer peripheral: Printer				
<input type="checkbox"/>	Computer peripheral: Speakers				
<input type="checkbox"/>	Computer peripheral: Other				
<input type="checkbox"/>	Software				
<input type="checkbox"/>	Other IT equipment				
<input type="checkbox"/>	Other IT equipment				
TELECOMMUNICATIONS EQUIPMENT					
<input type="checkbox"/>	Cell phone				
<input type="checkbox"/>	Pager				
<input type="checkbox"/>	Radio or Walkie-Talkie				
<input type="checkbox"/>	Other communication equipment				
<input type="checkbox"/>	Other communication equipment				
TRANSPORT & RELATED EQUIPMENT					
<input type="checkbox"/>	Vehicle (car, truck, van, etc)				
<input type="checkbox"/>	Farm Equipment (tractor, etc)				
<input type="checkbox"/>	Construction Equipment (backhoe, etc)				
<input type="checkbox"/>	Service/Maintenance Equipment (riding lawnmower, etc)				
<input type="checkbox"/>	Other transport equipment				
LIBRARY & RELATED MATERIALS					
<input type="checkbox"/>	Library books or materials				
<input type="checkbox"/>	Bookstore materials (preview books, etc)				
<input type="checkbox"/>	Other materials				
MISCELLANEOUS EQUIPMENT & MATERIALS (see next section for research / lab equipment)					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

RESEARCH / LABORATORY EQUIPMENT & MATERIALS

IS INDIVIDUAL RESPONSIBLE FOR:		ACKNOWLEDGED BY EMPLOYEE (Initials)	AT END OF RESPONSIBILITY, MATERIALS HAVE BEEN PROPERLY HANDLED & ACCOUNTED FOR:	ACCOUNTED FOR BY EMPLOYEE (Initials)	ACCOUNTING COMPLETED ON (Date)
<input type="checkbox"/>	Specimens		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Chemicals		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Lasers		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Radioactive Material		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Biohazardous Material		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Gas Cylinders		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Other Controlled Material		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Other Controlled Material		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		
<input type="checkbox"/>	Other Controlled Material		<input type="checkbox"/> Labeled <input type="checkbox"/> Transferred to authorized recipient <input type="checkbox"/> Disposed of		

UNIFORMS

DESCRIPTION / INFO		RECEIVED BY EMPLOYEE (Initials)	RETURNED ON (Date)	RECEIVED BY Authorized Dept Rep (Initials)
1				
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TOOLS

DESCRIPTION / INFO		RECEIVED BY EMPLOYEE (Initials)	RETURNED ON (Date)	RECEIVED BY Authorized Dept Rep (Initials)
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