

**STATE OF FLORIDA – DIVISION OF EMERGENCY MANAGEMENT
LOGISTICS SECTION
ACCOUNTABLE PROPERTY FORM**

This form is to be used for the following purpose:

ISSUING EQUIPMENT TO NEW EMPLOYEES – RECOVERING EQUIPMENT FROM SEPERATED EMPLOYEES – TEMPORARY ISSUE OF EQUIPMENT (When printed on YELLOW paper)

NEW ISSUE OFFICE MOVE TEMPORARY ASSIGNMENT ADDITIONAL EQUIPMENT SEPARATION
PROPERTY MUST BE RETURNED WITHIN 30-DAYS

NAME:		BUREAU :			SECTION:		
FACILITY:		ROOM / CUBE:			TELEPHONE #		
LAST 4 SSN:		SUPERVISOR:			TELEPHONE #		
PROPERTY ISSUED	ASSET ID NUMBER (CA OR EM #)	DATE ISSUED	EMPLOYEE INITIAL	APO INITIAL	DATE RETURNED	EMPLOYEE INITIAL	APO INITIAL
<input type="checkbox"/> LAPTOP COMPUTER (Includes case and power supply)							
<input type="checkbox"/> SADOWSKI BLDG. SECURITY PROX KEY							
<input type="checkbox"/> IDENTIFICATION CARD (Must complete ID Card Application)							
<input type="checkbox"/> PURCHASING CARD							
<input type="checkbox"/> CELLULAR PHONE (Includes Charger)							
<input type="checkbox"/> BLACKBERRY UNIT (Includes Charger)							
<input type="checkbox"/> GPS UNIT (Includes Kit)							
<input type="checkbox"/> DIGITAL CAMERA (Includes Kit)							
<input type="checkbox"/> DATA SCANNER (Includes Cable)							
<input type="checkbox"/> SUN PASS							
<input type="checkbox"/> SERT APPAREL (Polos Shirts)							
<input type="checkbox"/> SERT APPAREL (T-Shirts)							
<input type="checkbox"/> SERT JACKET							
<input type="checkbox"/> AIR CARD (Requires CSA)							
<input type="checkbox"/> DESKTOP PRINTER							
<input type="checkbox"/> LCD PROJECTOR							

ADDITIONAL INFORMATION:

TEMPORARY ASSIGNMENT INFORMATION:
DATE EQUIPMENT MUST BE RETURNED TO THE APO BY:

EMPLOYEE CERTIFICATION: READ BEFORE SIGNING!
I certify that all items listed above are my responsibility and I understand that I will be subject to disciplinary action to the fullest extent of the law if the equipment listed is not returned upon request or end of assignment. I also understand that the personnel administrative process will not be cleared until all equipment has been received. Unless specified by another policy, I also understand that I may be subject for the replacement value of any damaged, lost or stolen property while in my custody. I also understand that all property MUST be returned ONLY to the Division APO, or designated Deputy APO. In the absence of an APO in remote field locations, the consignee may with approval, FedEx property back to the APO in Tallahassee through use of an FDEM pre-paid airbill. All property MUST be properly packaged at an approved FedEx Kinko's or FedEx airport facility.

SIGNITURE OF EMPLOYEE: _____ DATE: _____

SIGNITURE OF SUPERVISOR OR BUREAU CHIEF: _____ DATE: _____

**THIS FORM MUST BE TRANSMITTED EITHER IN PERSON, BY E-MAIL OR BY FAX
TO THE APO IN TALLAHASSEE WITHIN 24-HOURS OF ISSUANCE**