Click or tap here to enter text.

Employee Issuance Form

EMPLOYEE NAME: Click or tap here to enter text. DATE: Click or tap here to enter text.

ALL ISSUED ITEMS ARE THE SOLE RESPONSIBILITY OF THE EMPLOYEE. ALL ISSUED ITEMS MUST BE RETURNED UPON TERMINATION OR TRANSFER OUTSIDE OF THE DEPARTMENT OF CORRECTIONS. YOU MAY BE RESPONSIBLE FOR ANY LOST OR DAMAGED ISSUANCES.

I CERTIFY THAT I UNDERSTAND THE ABOVE, AND THAT LISTED ISSUANCES ARE CORRECT.

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EMPLOYEE SIGNATURE DATE

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| DESCRIPTION | QUANTITY | DATE ISSUED | DATE RETURNED |
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RETURN CERTIFIED BY:

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SUPERVISOR SIGNATURE DATE