EMPLOYEE PROPERTY ACKNOWLEDGEMENT FORM

Date: [Date]

To [Employee Name],

As a condition of your employment with Almond Tree Protective Services (the "Company"), you will be provided with company shirts and an ID badge for official use during the course of your employment. By signing this Employee Property Acknowledgement Form, you hereby acknowledge and agree to the following terms and conditions:

* Receipt of Company Property:

I acknowledge that I have received the following Company property:

* [Number of Company Shirts]
* [One (1) Company ID Badge]
* Responsibility and Return of Company Property:

I understand and agree that the Company property provided to me remains the exclusive property of Almond Tree Protective Services. I shall be responsible for maintaining the condition of the Company property issued to me and shall exercise reasonable care and diligence to prevent loss, damage, or theft.

* Return of Company Property upon Termination:

Upon the termination of my employment with Almond Tree Protective Services, for any reason whatsoever, I shall promptly return all Company property in my possession to the Company's Human Resources Department or other designated personnel on or before my last day of employment.

* Deduction from Final Paycheck:

I acknowledge and agree that failure to return any Company property issued to me upon termination of employment will result in the deduction of the current retail cost of the property from my final paycheck. I further authorize the Company to make such deductions in accordance with applicable state and federal laws.

* No Personal Use:

I understand and agree that the Company property issued to me is for official use only and shall not be used for personal purposes.

* No Unauthorized Transfer:

I shall not transfer, loan, or assign any Company property to any other person without prior written consent from the Company.

* Reporting Lost or Stolen Property:

In the event of the loss, theft, or damage of any Company property, I shall immediately report the incident to my supervisor or the Human Resources Department.

I have read and understand the terms and conditions outlined in this Employee Property Acknowledgement Form. I acknowledge that it constitutes a legally binding agreement between me and Almond Tree Protective Services.

Employee's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, an authorized representative of Almond Tree Protective Services confirms the issuance of the described Company property to the employee.

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regenerate response