

PROPERTY DISPOSITION FORM
(To Report Property/Computer Equipment Removal/Transfer & Disposal)

To Be Completed For All Requests

Employee Name: _____ County/Dept: _____
Item Name & Brief Description: _____

Manufacturer: _____ Model #: _____
Serial #: _____ Inventory Decal #: _____
Program Name: _____ Program Changed To: _____

Complete One

Removal/Transfer (For Computers, Printers, Scanners, etc., Contact IT Dept For Assistance)

Removal/Transfer Date: _____ Expected Return: _____
Location To Where Property Will Be Moved: _____
Purpose For Removal/Transfer: _____

Will Device Be Used To Store Patient-Related Information: _____

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

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Item Returned Date: _____ Employee Initials: _____ District Admin Initials: _____

OR

Disposal

Date of Disposal: _____
Condition of Item (Poor, Fair, Excellent, Inoperable/Broken): _____
Type of Disposition (i.e., trade-in, sell on public website, donated to ____, trash, etc.): _____

Additional Information: _____

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

District Approval

IT Director Signature: _____ Date: _____
(For Computer Equipment Only)
District Administrator Signature: _____ Date: _____

This form must be completed for each item that is removed/transferred or disposed from the Work Site.
Disposal of State property requires PRIOR APPROVAL from DCH