



State Employee's Personal Property

Employee's Name		Title/Classification	
Department/Agency/Division		Location/Address	
Quantity	Item	Complete Description (<i>manufacturer, serial number, color, etc.</i>)	

(Continue listing on additional pages if needed.)

Check the appropriate box below, then sign and date the form.

I have brought the above item(s) to my place of work as stipulated in the terms and conditions of my employment.

I have voluntarily brought the above item(s) to my area of employment. I recognize that the State of Minnesota assumes no responsibility for these items or for any damage thereto by other state employees, patients, residents or inmates, except as provided by law.

I will update this list if there are any additions or deletions to it at any time.

Employee's Signature	Date	Supervisor's Signature	Date
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REMOVAL OF PROPERTY: The employee's supervisor must sign this form verifying that the listed items have been removed from the place of employment upon the employee's transfer, resignation or termination.

I certify that the employee listed above has removed his/her personal property from this office.

Supervisor's Signature	Date
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WHEN TO USE THIS FORM

An employee should complete this form for any personal-use items brought to his/her place of employment of a pilferable nature for which a conflict over ownership may arise when the employee seeks to remove the items. Items which are brought into the place of employment for long-term use must be recorded on this form. In addition, items of equipment brought into the place of employment for short periods of time on a frequent basis must also be recorded. Personnel who live in state-provided housing with state furnishings are required to complete this form for all personal items brought into this housing. Department personnel are responsible for maintaining inventories of all state-provided furnishings in these residences and to take inventory of these items after employees have vacated the premises.