COVENTRY & RUGBY GPALLIANCE

RETURNING COMPANY PROPERTY

1. Employee Information

Full Name _____

Department _____

Job Title _____

Manager/Supervisor _____

Last Working Day (if applicable) ____ / ____ / _____

2. Reason for Return (Check one)

☐ Termination

☐ Resignation

☐ Role Change

☐ Equipment Replacement/Upgrade

☐ Other: _____

3. List of Returned Equipment

Item Description e.g. laptop, phone, key	Serial / Asset Number (if applicable)	Condition	Accessories Included e.g. charger, case, bag

4. Return Date

Date Returned: ____ / ____ / _____

5. Return Received By

Name _____

Department _____

Signature _____

Date ____ / ____ / _____

6. Employee Acknowledgment

I confirm that I have returned all listed company property and understand that failure to return items may result in financial deductions or legal action.

Employee Signature: _____

Date: ____ / ____ / _____

7. Notes / Exceptions

On completion, pleasure ensure this form is returned to HR.

Please ensure that all equipment has been returned to equipment holder i.e. Office Manager/Practice Manager.