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| [Company Name] | |  |  |  |
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| Employee Equipment Checkout Form | | | | |
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| Employees wishing to make temporary use of equipment must complete the following | | | | |
| form and leave the completed form with the administrator/supervisor | | | | |
|  |  |  |  |  |
| Employee Name | |  | | |
| Date | |  | | |
| Department | |  | | |
|  |  |  |  |  |
| **Inventory** | **Description of Equipment** | | **Date Out** | **Expected Date In** |
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|  |  |  |  |  |
| Employee's Signature | |  | | |
| Supervisor's Signature | |  | | |