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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 |   |