

**PROPERTY ASSIGNMENT FORM  
EAST CAROLINA UNIVERSITY**

<b>EMPLOYEE'S NAME:</b>		<b>DEPARTMENT:</b>		<b>SUPERVISOR'S NAME:</b>	
<b>ECU ID NUMBER:</b>		<b>EMPLOYEE'S POSITION:</b>		<b>SUPERVISOR'S WORK PHONE:</b>	
<b>EMPLOYEE'S HOME ADDRESS:</b>		<b>EMPLOYEE'S TELEPHONE:</b>		<b>SUPERVISOR'S CAMPUS ADDRESS:</b>	

ISSUE DATE	DESCRIPTION OF PROPERTY	# OF ITEMS	SERIAL/ID#	COST	# OF ITEMS RETURNED	RETURN DATE	COLLECTED BY (INITIAL)
	DESCRIPTION OF PROPERTY NOT RETURNED					XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX
						XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX
						XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX

**STATEMENT OF UNDERSTANDING**

Failure to return the above property, office equipment, uniforms, tools, etc. to East Carolina University may result in the cost of this State property being deducted from my final salary payment. If the final salary payment is not sufficient to cover the dollar amount to be deducted, I will be responsible for the financial debt to the University.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**EXIT INTERVIEW COLLECTION VERIFICATION**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date