

# Employee Asset Statement

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## Employee Information

Full Name:

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Employee ID:

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Department:

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Position/Title:

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Date:

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## Issued Assets

No.	Asset Name/Description	Serial/ID Number	Condition	Issued Date	Remarks
1.					
2.					
3.					
4.					

## Declaration

I confirm that the above-listed assets have been issued to me and are in my possession. I accept responsibility for their care and safekeeping and agree to return them in proper condition upon request or separation from the company.

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Employee Signature

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Date

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Verified By