

Employee Asset Statement

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

Position/Title: _____

Date: _____

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.

Employee Signature

Date

Verified By