DHS TELEWORKING POLICY
PROPERTY REMOVAL FORM

(Permission to ***remove*** State property from a work site)

Date: Time:

Employee Name:

Dept./Agency:
Suite/Room Number:
Phone Number:

List Items Removed

Item Name:
Item Make:
Item Model:
Item Serial No.:
Item DHS Tag Id No.:
Item EDP No.:

Item Name:
Item Make:
Item Model:
Item Serial No.:
Item DHS Tag Id No.:
Item EDP No.:

Item Name:
Item Make:
Item Model:
Item Serial No.:
Item DHS Tag Id No.:
Item EDP No.:

Item Name:
Item Make:
Item Model:
Item Serial No.:
Item DHS Tag Id No.:
Item EDP No.:

Jump Drives _____ Yes _____ How many?

State Employee Signature_____

Manager/Supervisor/Dept. Head Signature_____

Security Officer Signature_____

A copy of this form must be sent to the division/office Property Management Coordinator / Asset Manager.