

ADVANCED[®] Staffing, Inc.

FAX THIS FORM TO (409) 835-5554 ON THE LAST DAY OF EMPLOYMENT

Property Issue Form

Employee _____ Last 4 SS# _____

The following items were issue to the employee stated above
All items must be returned on last day of employment.
Last check will be held until the property is returned.

Please list items	Returned Date /Initials
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Employee signature _____ Date ____/____/____

Client Company signature _____ Date ____/____/____

Date of Hire ____/____/____ Term Date ____/____/____

Date Reported Lost ____/____/____ Employee Signature _____

Returned to: _____/____/____
Print Name Signature Date

Change in Status _____ Faxed to ASI ____/____/____ (409) 835-5554

ASI Staff Member _____ Date ____/____/____