CONTRACTOR COMPANY ASSET RETURN FORM

ASSET RETRIEVAL & SIGN-OFF DOCUMENT

CONTRACTOR & ASSIGNMENT DETAILS

Contractor Name

Company / Agency Name (If Applicable)

Department / Project

End of Contract Date

Company Contact / Manager

Return Date

RETURNED ASSETS INVENTORY

#	Asset Description / Item Name	Serial / Asset Tag Number	Condition upon Return	Received By (Initials)
1				
2				
3				
4				
5				

SYSTEM & ACCESS DEACTIVATION CHECKLIST

- ☐ Email Account Disabled
- ☐ VPN & Network Access Revoked
- ☐ ID Badge / Access Card Returned
- ☐ Software Licenses Revoked
- ☐ Keys / Fobs Returned
- ☐ Other Access Removed

VERIFICATION COMMENTS

Contractor / Freelancer Signature

Date: _____

Authorized Company Representative Signature

Date: _____

Copy distribution: Original to Human Resources / Contractor Operations File, Copy to Contractor, Copy to IT/Facilities Department.