

Attachment B

REPORT OF LOST, DAMAGED, OR STOLEN PROPERTY

Department _____

The item issued to _____ have been lost, damaged or stolen.

Employee Name (Print)

Type of Property	L.D. Number	Date of Incident	Disposition (Lost/Damaged/ Stolen)	Resolution
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Acknowledgements:

I acknowledge that I had full responsibility for the above item(s). I further acknowledgment that I may be responsible for the cost of repair and/or replacement of the items if I am found negligent in my responsibility of these item (s).

Date

Employee Signature

Date

**Appointing Authority or Designated
Representative's Signature**