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## ox_brand_black_posDepartmental Asset Stewardship Confirmation

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| --- |
| Asset Information |
| |  |  |  |  | | --- | --- | --- | --- | | Asset Description: |  | Date: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Assignee Name: |  |  |  | |  | Last | First | M.I. | |
| |  |  | | --- | --- | | Job Title: |  | |
|  |
| I can confirm that the item of Departmental equipment is in my position and is in good working order. |
|  |
|  |
| Additional Comments: |
|  |
| |  |  | | --- | --- | |  |  | | Assignee Signature | Date | |
|  |
| Approval to Hire |
| |  |  | | --- | --- | | Administrator’s Comments: |  | |
| |  |  | | --- | --- | |  |  | | Department Administrator Signature | Date | |
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