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## ox_brand_black_posDepartmental Asset Stewardship Confirmation

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| Asset Information |
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| --- | --- | --- | --- |
| Asset Description: |  | Date: |  |

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| --- | --- | --- | --- |
| Assignee Name: |  |  |  |
|  | Last | First | M.I. |

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| --- | --- |
| Job Title: |  |

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|  |
| I can confirm that the item of Departmental equipment is in my position and is in good working order. |
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|  |
| Additional Comments: |
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| --- | --- |
|  |  |
| Assignee Signature | Date |

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| Approval to Hire |
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|  |  |
| --- | --- |
| Administrator’s Comments: |  |

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|  |  |
| Department Administrator Signature | Date |

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