COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH **EMPLOYEE COUNTY PROPERTY CLEARANCE**

I am responsible for the following County issued property and agree to turn in these items to my manager/supervisor prior to my termination or transfer to another County Department. I understand that I will be charged for these items if they are not returned at the end of my employment/job assignment.

the end of my employment job assignment.	
☐ ID Badge (HRB) ☐ Mobile Devices/Acces ☐ Parking Permit ☐ Laptop and Accessori ☐ Facility and Desk Keys ☐ Computer and Peripho ☐ Phone Card ☐ Specialized Device(s) ☐ USB Flash Drive ☐ SecurID Token	es Manuals and Books erals Garage/Gate Openers
Employee Name (Please Print)	Employee Number
Employee Signature	Position
Pay Location	Effective Date of Transfer/Termination/Retirement
Manager/Supervisor Acknowledgement. Service C (Please initial each acknowledgement) The employee has returned all property to the I will return all property assigned to the employ Bureau/Division/Program custodian. (See Proj I will not reassign property turned in by the emappropriate DMH Bureau/Division/Program cu	manager/supervisor. yee to the appropriate DMH perty Return Legend below). uployee without consulting first with the
Manager/Supervisor Name (Please Print)	PROPERTY RETURN Respective Manager/Supervisor ✓ Keys ✓ Checkpoint Access Card
Manager/Supervisor Signature	✓ Garage/Gate Openers✓ Manuals/Books✓ MTA Parking Lot Key
Clinic/Program Name	Human Resources ✓ ID Badge
Date Submit completed form to DMH Human Resources Bureau as	Chief Information Office Bureau ✓ Computer / Laptop ✓ Mobile Devices / Accessories ✓ Specialized Device ✓ USB Flash Drive ✓ SecurID Token ✓ Specialized Software

possible but no later one business day of the employee's last workday.

Admin Support Bureau

- ✓ Parking Permit
- ✓ Phone Card