



Broward Community College

# PROPERTY PASS

|                |   |
|----------------|---|
| EMPLOYEE NAME: | DATE:   |
| DEPARTMENT:    | COST CENTER NAME & NUMBER(TO WHICH PROPERTY IS ASSIGNED): |

The aforementioned BCC employee is authorized to remove from the referenced location the following College property for the purpose(s) of: \_\_\_\_\_

|                   |                   |
|-------------------|-------------------|
| BCC ASSET NUMBER: | ITEM DESCRIPTION: |
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I, \_\_\_\_\_, have read, understand and agree to the stipulations below involving my use of the listed BCC property:

PRINT EMPLOYEE NAME

- The property identified above shall be utilized in conjunction with my employment responsibilities.
- The property and all information maintained or stored within the property remains the property of Broward Community College and subsequently must be returned at any time as deemed necessary by the authorizing supervisor.
- The property will be utilized only in accordance with all applicable Broward Community College policies, procedures and guidelines.
- I shall take all appropriate precautions to ensure the safekeeping of this property while it is assigned to me and agree to reimburse Broward Community College for the loss, theft or damage to the property.

|                     |                       |
|---------------------|-----------------------|
| EMPLOYEE SIGNATURE: | DATE:                 |
| SUPERVISOR NAME:    | SUPERVISOR SIGNATURE: |
|                     | DATE:                 |

As the Property Custodian, I authorize the removal of the above identified property in compliance with the stipulations outlined below:

- The property has been identified with a Broward Community College Asset Number Tag, if applicable.
- The removal of the property shall not impede the educational process or operation of the location or College.

|                               |       |
|-------------------------------|-------|
| PROPERTY CUSTODIAN SIGNATURE: | DATE: |
|-------------------------------|-------|

-----PROPERTY RETURNED-----

|                         |   |
|-------------------------|---|
| DATE PROPERTY RETURNED: | SIGNATURE OF PROPERTY CUSTODIAN ACKNOWLEDGING RETURN: |
|-------------------------|---|

ORIGINAL – DEPARTMENT PROPERTY RECORD / 1<sup>ST</sup> COPY – EMPLOYEE