

**FIXED ASSET VERIFICATION AT TIME OF EMPLOYEE TERMINATION**

Name of employee terminating employment: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_ All assets have been accounted for

\_\_\_\_\_ All assets have **NOT** been accounted for

Signature of principal or supervisor: \_\_\_\_\_

Date: \_\_\_\_\_