



**EMPLOYEE CHECKOUT FORM
SY 2022-2023**

Employee Name:		Date:	
***Please checking the following:	<input type="checkbox"/> <i>Certified Employee</i>	<input type="checkbox"/> <i>Classified Employee</i>	
Supervisor:		Department:	

PLEASE COMPLETE THE FOLLOWING CHECKLIST BELOW:

INFORMATION TECHNOLOGY DEPT:			
Description:	Qty:	Return To:	Condition: (Poor/Fair/Good)
LAPTOP:		W. Fowler	
CHARGER:		W. Fowler	
LAPTOP BAG:		W. Fowler	
DOC CAM (If issued):		W. Fowler	
Proxy Card:		W. Fowler	
Other:		W. Fowler	
Network Administrator Signature:		Date:	

BUSINESS OFFICE:			
Description:	Qty:	Return To:	Complete/Received:
Travel Receipts/Reimbursements/ Any Travel Advance Refunds (if applicable):			
Check Vouchers: the employee must settle any outstanding accounts with SMDS.			
Other Receipts:			
Business Manager Signature:		Date:	

CONTIN. OF BUSINESS OFFICE:			
Description:	Qty:	Return To:	Condition: (Poor/Fair/Good)
Office/Classroom Inventory List:		A. Snyder	
Heater/Fan:		A.Snyder	

Procurement Technician Signature:		Date:	
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FACILITIES DEPARTMENT:			
Description:	Qty:	Return To:	Condition: (Poor/Fair/Good)
Maintenance Request Order			
Office/Classroom Keys		F. Kinlacheeny	
Office/Classroom Inspection Form		F. Kinlacheeny	
Other:		F. Kinlacheeny	
Facilities Manager Signature:		Date:	

LAST STOP!!!!

HUMAN RESOURCES DEPARTMENT:			
Description:	Qty:	Return To:	Complete/Received:
ID School Badge		D. Francis	
Submit Last Timesheet (10 months)		D. Francis	
Human Resources Signature:		Date:	

*****Please provide an updated forwarding address and contact phone number.**

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternate Phone Number:** _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Please return completed form back to HR.