

County of San Bernardino Department of Behavioral Health

PROPERTY RETURN CHECKLIST FOR SEPARATING EMPLOYEES

This form must be COMPLETED, SIGNED AND RETURNED TO DBH PAYROLL BY YOUR SUPERVISOR before your final check will be paid or you receive your retirement contributions. This will demonstrate that you have completed your responsibility to the Department of Behavioral Health for County equipment and supplies.

Employee Name

Employee ID

Job Title

	Property ID	Property Description
DBH/County Badge(ID)	<input type="checkbox"/>	
Department Keys	<input type="checkbox"/>	
Security Access Cards/Codes	<input type="checkbox"/>	
Department Equipment	<input type="checkbox"/>	
Department Library Books	<input type="checkbox"/>	
Medical Records	<input type="checkbox"/>	
Pager/Blackberry/Cell phone	<input type="checkbox"/>	
Laptop	<input type="checkbox"/>	
Multimedia Center	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

I have returned any and all County property assigned to me.

Employee Signature: _____

Date: _____

I verify the above and release the employee from further responsibility for the items listed.

Supervisor Signature: _____

Date: _____

(Print Name): _____

NOTE TO SUPERVISOR: Please notify DBH Payroll immediately if pay check/retirement contributions NEED TO BE HELD.