

STATE OF MINNESOTA  
DEPARTMENT OF ADMINISTRATION  
INVENTORY MANAGEMENT DIVISION

**STATE EMPLOYEE'S PERSONAL PROPERTY**

See reverse side for instructions to complete this form.

Name of Employee	Title
State Dept., Division or Agency	Location

ITEM	QTY.	COMPLETE DESCRIPTION

I certify that the above listed items comprise an accurate listing of my personal belongings that I am using in connection with my State employment. If at any time there are additions or deletions to this listing, I will update it accordingly.

I further certify that I have brought the above listed items to my area of employment on my own free will. I recognize that the State of Minnesota assumes no responsibility for these items; or for damage done to these items by other State employees, patients, inmates or residents except as provided by law.

Signature of Employee	Date	Signature of Supervisor	Date
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**UPON REMOVAL OF PROPERTY**

Upon transfer of employee, or termination of employment, the employee's supervisor must complete this portion of this form.

I have personally verified that the employee whose name appears on this form has removed his/her personal property from this office.

Signature	Date
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Distribution Schedule  
White — Inventory Control  
Yellow — Department  
Goldenrod — Employee

## **COMPLETION OF THE STATE EMPLOYEE'S PERSONAL PROPERTY FORM**

This form must be used to substantiate ownership of State employee's personal property used in connection with State employment.

### **WHEN TO COMPLETE THIS FORM:**

Use the form to record all property falling into the following criteria:

1. Groups of items typically inventoried under the Statewide Fixed Asset Inventory System (SWFAIS).
2. Personal use items of a pilferable nature for which a conflict over the ownership of the item may arise when the employee seeks to remove the item from his or her place of employment.

Items which are brought into the place of employment for long term use must be recorded on this form. However, items of equipment brought into the place of employment for short periods of time, must also be recorded on this form, if the items are taken to the place of employment on a frequent basis.

Personnel who live in State provided housing with State furnishings are not required to complete this form for all personal items brought into this housing. However, Department personnel are responsible to maintain inventories of all State provided furnishings in these residences, and to take inventory of these items after the employees have vacated the premises.

### **PROCEDURES FOR COMPLETING THIS FORM:**

Indicate the name of the employee, his/her title, the name of the department or agency, and the location of the property. Under the column entitled "Item," describe the property, i.e., "tape recorder," and then indicate the quantity, i.e., "1 each." Under the "Description" column, list the manufacturer's name, serial number, color, or any other identifying characteristics of the property. This form must be signed by the employee in his/her own handwriting and co-signed by his/her supervisor.

The white copy is to be sent to Inventory Control, AS 122. The yellow copy is retained by the supervisor or head of the department, and the goldenrod copy retained by the employee.

If there are changes to this list, during the period of employment, these changes must be posted to the employee's and supervisor's copy of this form.

### **REMOVAL OF PROPERTY:**

When the personal property of the employee is removed from the place of employment, or upon termination or transfer of the employee, the lower portion of the yellow and goldenrod copies of the form is to be signed by the supervisor to verify that the employee has removed the items(s) from State property.

Upon completion, the yellow copy is forwarded to the Inventory Management Division and the goldenrod copy is retained by the employee.