

**ARKANSAS TECH UNIVERSITY
UNIFORM ASSIGNMENT FORM**

EMPLOYEE'S NAME:	DEPARTMENT:	SUPERVISOR'S NAME:
SOCIAL SECURITY NUMBER:	EMPLOYEE'S POSITION:	SUPERVISOR'S WORK PHONE:
EMPLOYEE'S HOME ADDRESS:	EMPLOYEE'S TELEPHONE NUMBER:	SUPERVISOR'S CAMPUS ADDRESS:

ISSUE DATE	DESCRIPTION OF ITEM	# OF ITEMS	REISSUE DATE	COST	RETURN DATE	COLLECTED BY (INITIAL)

STATEMENT OF UNDERSTANDING

Failure to return the above uniforms to Arkansas Tech University may result in the cost being deducted from my final salary payment. If the final salary payment is not sufficient to cover the dollar amount to be deducted, I will be responsible for the financial debt to the University.

_____	_____	_____	_____
Employee's Signature	Date	Supervisor's Signature	Date

EXIT INTERVIEW COLLECTION VERIFICATION

_____	_____	_____	_____
Employee's Signature	Date	Supervisor's Signature	Date