Employee Signature / Date

## CITY OF NEW ORLEANS PROPERTY ISSUANCE / RETURN FORM

| DIVIS: DATE R(S) ISSUED | DATE | NOTES   |
|-------------------------|------|---------|
| I                       |      | NOTES   |
| I                       |      | NOTES   |
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except as needed to conduct City business. I understand that the City of New Orleans may seek reimbursement from an active or terminating employee for the value of any property damaged or lost due to an employee's personal neglect.

Issuer Signature / Date

## Attachment B

## REPORT OF LOST, DAMAGED OR STOLEN PROPERTY

| Depar                     | rtment   |                                  |  |   |            |
|---------------------------|--|----------------------------------|--|---|------------|
| The it                    | maged or stolen.   |                                  |  |   |            |
| 1.                        | Type of Property   | Name (Print) <u>I. D. Number</u> | Date of<br><u>Incident</u>                                       | Disposition<br>(Lost / Damaged/<br><u>Stolen)</u> | Resolution |
| 2.                        |  |                                  |  |   |            |
| Ackno<br>I ackn<br>be res | owledgments: owledge that I had full reponsible for the cost of resibility of these item(s). | epair and/or replaces            |  |   |            |
| Date                      | ate  |                                  | Employee Signature   |   |            |
| Date                      | Date   |                                  | Appointing Authority or Designated<br>Representative's Signature |   |            |
|                           |  | Ā                                | ppointing Au   | thority (print name)                              | -          |