Clear

Form J
5/12/2022 ss

Sign Out/In Log

LDH ASSET/MOVEABLE PROPERTY SHORT-TERM ASSIGNMENT
(Agency/Facility Use)

[Form used when moveable property is checked out for a short period of time (2 weeks or less) from the property person responsible]

Terms and Conditions:
The employee shall be responsible for the moveable property in their name listed below and agrees to the following terms and conditions to the provisions of State Property Control Laws, Regulations, Administrative Codes, Policies and any applicable federal funding source requirements. The employee shall safeguard all LDH moveable property including any untagged property. Return any equipment upon termination, resignation, change in job duties, or upon request in proper working condition to the Property Liaison/Coordinator/Manager. The employee shall IMMEDIATELY report any lost, stolen or damaged equipment to their immediate supervisor, and the employee must notify law enforcement officials in the case of state stolen property in his/her possession, and obtain a police report. The employee shall maintain liability for the payment of damages whenever wrongful or grossly negligent act or omission causes any loss, theft, disappearance, damage or destruction of property of their agency for which he/she is responsible as provided herein, and such damages shall be recoverable in a civil lawsuit therefore prosecuted on behalf of the State by the Attorney General" (LAC Title 34, Part VII, Chapter 3, 305.E). The employee shall provide state owned asset(s) to any LDH official or their designee, at any time, for inspection of the equipment and/or property for certification purposes. The employee shall remain responsible for the property until release of responsibility is approved by the Agency/Facility Property Liaison/Coordinator/Manager and return of equipment is acknowledged.

**P.L. – denotes Property Liaison ** P.C. – denotes Property Coordinator ** P.M. – denotes Property Manager

Notification # Legacy #	**Employee Name**	**Personnel #**	**Initial "After" Reading Above**	**Time/Date Out**	**P.L./P.C./P.M. Initial Approving Check out**	**Time/Date In**	**P.L./P.C./P.M .Initial Validating Check in**

****Property Manager/Location Shall Keep Paperwork on File for Auditing Purposes for 5 years****

Responsible Agency/Facility Property Liaison/Coordinator/Manager Name and Personnel #: _____