



**Office of Information Security
State of New Jersey
State-Owned Property Removal Form**

A Property Removal Form shall be completed when a state-owned computer and/or peripheral equipment is removed from the premises of a state department or agency. Complete sections I, II and III of this form, sign in the requested area and forward it to your immediate supervisor for approval and signature in section IV.

I. Employee/Vendor/Consultant Information *(Type or print clearly and complete all fields)*

Name:	
Agency/Organizational Unit:	
Street Address:	
City, State, Zip Code:	
Contact Telephone:	
E-mail Address:	

II. Equipment

Item Number	Equipment Description/Condition	Make/Model Number	Serial Number	Intended Equipment Location

III. Justification

1. Require this equipment for the following purpose:

III. Employee Acknowledgment *(Signature of employee required)*

As a user of the State of New Jersey Garden State network, I understand that the confidentiality and protection of the State of New Jersey's information is of the utmost importance. I have read and understand the State of New Jersey's policies, standards, and procedures on the acceptable use of State resources.

If I receive access to the Garden State Network, I will use it only for authorized purposes. I will notify the Authorizing department or agency immediately if I believe that another person may have obtained unauthorized access.

I understand that all information transmitted or received through the State owned equipment accessing Garden State Network is the property of the State and is to be used for State business only. I further understand that upon my connection, I become a de-facto part to the Garden State Network and its representatives are authorized to monitor my use of the Garden State Network.

I attest that the information submitted on this form is correct.

Print Name _____

Signature: _____ **Date:** _____

IV. Supervisor's Approval *(Signature of employee's supervisor is required)*

The above individual has been approved to remove State property:

(Project/Program Name) NOTE: Must be filled in

I understand that it will be my responsibility to notify my agency's Director/Unit Manager immediately upon learning that this individual is no longer employed within the agency. I also understand that it is my responsibility to ensure that all loaned State equipment is returned promptly and in good working order and that male/female/non-binary authorization to access the Garden State Network (GSN) on behalf of the agency has been withdrawn.

Print Supervisor's Name _____

Signature: _____ **Date:** _____

Title: _____

Certification of Equipment Return

Date Equipment Returned _____

- I have inspected the returned equipment and verified it to be the same equipment as described above and have found it to be in the same condition as indicated above.
- The equipment was not returned in the same condition as when it left the site as described above. (Please explain below)

Signature: _____ **Date:** _____

V. Authorizing Director/Unit Manager Approval

Director/Unit Manager Signature: _____ **Date:** _____

Print Director/Unit Manager Name _____ **Title:** _____