

OHANA JAMAICA LIMITED

operating as

EduJA**Equipment Issuance & Return Acknowledgment**

This form records Company property issued to you for use in carrying out your role, and confirms your acknowledgment of responsibility for its care and timely return. Section 2 is completed when equipment is issued (including at any equipment refresh or reassignment); Section 4 is completed when equipment is returned, for example at separation.

1. Employee Details

Full Name	
Position	
Department	
Start Date	

2. Equipment Issued

Item Description	Serial / Asset No.	Condition at Issue	Date Issued

Attach photos or a separate schedule if more space is needed.

3. Employee Acknowledgment

- I acknowledge receipt of the equipment listed above, in the condition stated, and confirm it is Company property.
- I will use this equipment primarily for Company business and will take reasonable care to keep it secure, in good working condition, and free from unauthorized access.
- I will report any loss, theft, or damage to my supervisor as soon as possible, and in any case within 48 hours of discovery.
- I will not install unauthorized software, alter security or access settings, or allow anyone outside the Company to use this equipment without prior approval.

- I understand that I remain responsible for Company property in my possession, and that the cost of repair or replacement may be recovered from me in cases of loss or damage resulting from negligence or misuse, to the extent permitted by law and with my consent where required.
- I will return all Company equipment on or before my last working day, or earlier if requested, in good working condition subject to normal wear and tear.

Employee — Issuance Acknowledgment

Signature

Printed Name

Date

4. Equipment Return

Completed at separation, reassignment, or equipment refresh.

Item Description	Serial / Asset No.	Condition at Return	Date Returned

Notes / Discrepancies Between Items Issued and Returned:

Confirmation

I confirm that I have returned all Company equipment listed above, or that any outstanding items are noted, and I understand that outstanding balances for unreturned or damaged equipment may be deducted from my final pay to the extent permitted by law and with my consent where required.

Employee — Return Confirmation

Signature

Printed Name

Date

Received By (Supervisor / IT / Admin)

Signature

Printed Name

Date