Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Superintendent
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OFFICE OF FIXED ASSETS

ASSET DISPOSAL REQUEST

(Complete and return to Central Office)

From: _____ _____
Employee's Printed Name Department/School

_____ _____
Room Number/Location Signature Date

ASSET #	DESCRIPTION OF ITEM	SERIAL #

Reason for Disposal: ___Obsolete ___Unserviceable ___Surplus Property ___Damaged

___Destroyed ___Lost** ___Theft** Other _____

**Police Report Attached

Explanation (if applicable):_____
_____

___Approved ___Denied District Asset Manager: _____
Signature Date

Board Approval Date: _____ Superintendent: _____
Signature Date

To Be Completed At Time of Physical Transfer of Inventory

I am transferring all responsibility for the above inventory item(s): _____
Employee

I am accepting responsibility for the above inventory item(s) to be removed from the district's inventory: **_____**
District Asset Manager

Date Transfer Completed: _____