

# HARVARD SCHOOL OF PUBLIC HEALTH

## Computer Equipment Removal Form

Computer equipment to be removed from the building with a brief description:

\* All computers must have serial numbers.

Date to be removed:

- |          |                |
|----------|----------------|
| 1) _____ | ____-____-____ |
| 2) _____ | ____-____-____ |
| 3) _____ | ____-____-____ |
| 4) _____ | ____-____-____ |
| 5) _____ | ____-____-____ |
| 6) _____ | ____-____-____ |

Aproximate time of removal from the building: \_\_\_\_\_ a.m. or p.m.

Designated Exit:

677 Huntington-SPH-III Lobby

FXB Main Entrance-651 Huntington Ave.

Required Signatures:

Print Names:

Date:

\_\_\_\_\_

Remover

\_\_\_\_\_

Remover

\_\_\_\_\_

\_\_\_\_\_

Department Administrator

\_\_\_\_\_

Department Administrator

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\_\_\_\_\_

IT Department

\_\_\_\_\_

IT Department

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\_\_\_\_\_

Security Office

\_\_\_\_\_

Security Office

\_\_\_\_\_

Please make two copies

Original for Guard, one copy for IT Department, and one copy for your files

Notes: \_\_\_\_\_