Missing / Unaccounted Form



REPORTING DEPARTMENT											
Department Name:	Department ID:					ASSET MANAGEMENT INFORMATION:					
DPC Name:	Date:					Date Completed:					
DPC Signature:											
Report Date:						Completed by:					
*If the equipment is a data storage device (computer, server or laptop), departmental signer must indicate Y, that the equipment saves data. If this is true, they must also indicate (Y/N) if they are aware that the device has PII (Personally Identifiable Information) stored or										on) stored on it.	
	**PH is defi		firming the equipment saves data wi	C		•		Chanter 93H section 1			
**PII is defined as both name and Social Security/credit card/debit card numbers. It does not include publicly available data. For a MISSING / UNACCOUNTED EQUIPMENT						DATA STORAGE DEVICE		PROPERTY DEPARTMENT			
Asset ID	UMB Bar Code	Serial	Description	Location Last Seen	ACQ Year	Saves Data Y/N	*Known PII on* Y/N	Capitalized Y/N	Cost	NBV	
All efforts have been made. We have been unable to locate the equipment. Circumstances do not warrant further efforts and the equipment should be deemed lost.											
DEPARTMEN	T MANAGER:	Form must be signed by Departn	nent Head with signatory authorization (no	ot designee).							
Print Name:	nt Name:				Date:			_ Signature:			
SUPERVISOR											
Print Name:				Date:			Signature:				