Westport Community Schools

End of the Year Check List
To Be Completed by Immediate Supervisor

Name of Employee: _____

School/Building: _____ Date of Collection: _____

Record date and initial when each item is returned. If not applicable, record N/A.

Item:	Date:	Returned to:	Item:	Date:	Returned To:
Employee ID			Keys		
Chromebook			Ipad		
Laptop			Other Technology		
Chargers			Camera		
Parking Tag			Smart Board Remote		
Credit Cards			Other		

Please forward on this check list to the Technology Department to complete.

Please deactivate immediately. If not applicable, record N/A.

Program	Date Deactivated	Initial	Program	Date Deactivated	Initial
E-Mail/Computer			Website		
Protraxx			School Spring		
MMS/SchoolBrains			Subfinder		
Softright			MTRS		
Millennium			DOE		

Once deactivated please forward checklist to the Data Administrator.