



**Fairfax County Sheriff's Office  
Fiscal & Material Management Section  
Equipment & Uniform Replacement**



This form is to be filled out completely prior to replacement of any equipment or uniform items unless for direct exchange.

_____ <b>Employee Name</b>	_____ <b>EIN/Badge</b>	_____ <b>Assignment</b>
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**Equipment /Uniform item(s) to be Replaced**

**Reason for Replacement:**

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Lost  
 Stolen  
 Biohazard  
 Other: \_\_\_\_\_

**Explanation:**

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\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee's Direct Supervisor**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**