

# Staff – Faculty Equipment Loss / Damage Report

Revised 12/2012  
Rockdale ISD  
Technology Dept.

1. Staff/Faculty Member: \_\_\_\_\_

2. Date of Loss/Damage: \_\_\_\_\_ RISD# \_\_\_\_\_

3. Place Loss/Damage Occurred (circle one):

Classroom    Lunchroom    Gym    Home    Other: \_\_\_\_\_  
(please specify)

4. Individual(s) involved:

\_\_\_\_\_  
\_\_\_\_\_

5. Briefly describe the loss/damage and the circumstances surrounding it:

Accidental                       On Purpose

\_\_\_\_\_  
\_\_\_\_\_

(Use the back for additional comments if needed.)

6. Staff / Faculty Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Signatures:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher

Please send this form directly to Technology Dept. after signature of Principal and Teacher.