

Request for Authorization for Use of District Equipment

Employees may be issued district owned equipment solely in connection with their work responsibilities. Employees are responsible to familiarize themselves with District policies and procedures related to the use of District equipment. All assigned Equipment must be immediately returned upon separation of employment.

STAFF IDENTIFICATION AND EQUIPMENT REQUESTED			
Name:			
Title:		Location:	
Equipment Requested:			
Reason for Request:			
Start Date:		Return Date:	
I am aware of all requirements related to the use of District equipment and agree to abide by all those requirements.			
Signature:		Date:	

Report any lost or stolen device to your supervisor immediately.

SUPERVISOR'S APPROVAL			
Signature:		Date:	
Print Name:			

OFFICE USE ONLY			
Item Description:			
Manufacturer:		Model:	
Serial/Service Tag #:		Fixed Asset Tag #:	
Notes:			

FINAL APPROVAL			
Authorized Signature:		Date:	
Print Name:			