

ASSET TAG REQUEST & EQUIPMENT SIGN-OUT



EQUIPMENT INFORMATION

Description: _____ Quantity: _____

Manufacturer: _____ Model Number: _____

Serial Number(s): _____

Condition of Equipment: New to District Previously used in District If used, current asset tag #(s): _____

Notes (damage, etc): _____

Employee to be Assigned: _____

Location: _____ Room #/Office: _____

Requesting Employee: _____

If equipment is new to the District, please complete the following:

Group: _____ Asset Category: _____

Asset Type: _____ Expected Life: _____

PURCHASING INFORMATION

Asset Tag Number(s): _____

Purchase Order #: _____ Vendor: _____

Purchase Price (each): _____ Purchase Date: _____

Completed by: _____ Date: _____

EQUIPMENT SIGN-OUT

The receiving employee must agree to the following:

- I agree that I received the items listed above in good working order, with no apparent damage, and no missing components.
- I willfully accept and assume full responsibility for the care of the equipment while in my possession.
- I understand that should something happen to the equipment while it is checked out to me or if the equipment is missing any components, I will be held financially responsible for the cost of repairs or replacement.
- I understand that in the event of accidental damage, fire, loss of equipment, external vandalism, or loss due to crime, I will report the incident immediately to the District Office.
- I understand that I have an obligation to protect sensitive and confidential information that may be stored on the equipment.
- I understand that district-owned equipment is for the exclusive use of district employees for the expressed purposes of conducting work-related district tasks.
- I understand that when I no longer have a use for the item or if I sever employment with the district, it is my responsibility to return the equipment to the District Office.
- I understand that the use of District equipment is a privilege and not a right. Failure to meet the terms of this agreement and/or follow District policy regarding the use of technology will suspend my equipment use privileges.

Receiving Employee: _____ Date: _____

Witnessed By: _____ Date: _____

EQUIPMENT RETURN

Item(s) Returned: _____

Asset # Check: Yes No Serial # Check: Yes No Quantity Returned: _____

Condition of Equipment: _____

Employee Signature: _____ Date: _____

Received By: _____ Date: _____