AUTHORIZATION FOR

TEMPORARY CHECK OUT OF EQUIPMENT

|  |  |
| --- | --- |
| Equipment description |       |
| State tag number |       | Serial number |       |
| Accessories |       |
| **Equipment described above has been checked out to:** |
| Name (print) |       |
| Title |       |
| Campus |       | Department |       | MS |       |
| Home address |       |
| Home phone |       | Work phone |       |
| Date checked out |       |  |
| Purpose for temporary checkout |       |
| **My responsibilities:*** I understand I could be held responsible for providing any repair/replacement resulting from damage to or loss of this equipment while it is checked out to me.
* I understand that this property must be returned for inventory control when requested.
* I understand only the individual who signs this agreement will use this equipment.
* I agree that this equipment will be used according to the operations manual.
* I agree that the equipment will be used for official use only.
* I agree to return the equipment when it is no longer needed for official use.
* I agree upon employment separation that I will return the equipment identified above. If I fail to return the equipment, the replacement cost will be withheld from my final paycheck or leave cash-out.
 |
| Signature |       | Date |       |
|  |
| **TO BE COMPLETED BY ADMINISTRATOR** |
| I HEREBY AUTHORIZE THIS USE OF THIS CCS EQUIPMENT. |
|       |
| Date |  | Signature |  |
|  |  |  |  |
|  |  | Title |  |
|  |
| Date equipment must be returned |  |
|  |  |
| Actual date of return |  | Initials |  |
|  |
|  |