



# 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 _____