



OFFSITE EQUIPMENT RELEASE FORM

Employee Name _____
 School/Office _____
 Position _____
 Work Telephone _____

Equipment Description
 (Each item or component must be listed.)

Quantity	Item/Model No.	Serial No.	LBUSD Inventory No.

Agreement

If I take my device off site, during non-working hours, I understand that I am responsible for the following:

- I will follow the correct procedures when using the device.
- I will see that the device is used properly while in my possession.
- If I experience any problems with the equipment or software, I will notify my site immediately.
- I assume financial liability to return equipment in original condition.
- In case of lost, stolen, or damaged equipment, value will be calculated at "full replacement cost".
- If the device or any of its components are stolen, I will notify the police and the school or office immediately.

Employee's Signature: _____ Date: _____
 Supervisor's Approval: _____ Date: _____
 Returned To _____ Date: _____