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 | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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