



Community Colleges of Spokane

MOBILE DEVICE ASSIGNMENT

Equipment description _____

State tag number(s) _____ Serial number _____

Accessories _____

Equipment described above has been assigned to:

Staff/Faculty use _____

Name (print) _____ Title _____

Campus _____ Building _____ Room _____ Department _____

Work phone _____ MS _____ Dean _____

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 _____

Department use _____

Classroom/Lab use _____

Student check-out _____

Staff/Faculty contact _____ Work phone _____ MS _____

Location of Equipment

Campus _____ Building _____ Room _____ Department _____

Staff/Faculty contact signature _____ Date _____