

# Falcon School District 49

## Employee Technology Equipment Agreement

Employee: \_\_\_\_\_ Location: \_\_\_\_\_

<b>CHECK OUT</b>	EQUIPMENT	SERIAL NUMBER	ASSET TAG NUMBER	DATE
	Visual damage on check out? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, describe: _____			

ACCESSORIES INCLUDED WITH THIS EQUIPMENT:

- Power Brick and Cable / Quantity \_\_\_\_\_
- Docking Station / Quantity \_\_\_\_\_
- Video Cable / Quantity \_\_\_\_\_
- Video Adaptor / Quantity \_\_\_\_\_
- Other (description, quantity and condition) \_\_\_\_\_

CONDITION:

- NEW or  USED
- NEW or  USED
- NEW or  USED
- NEW or  USED

ESTIMATED COST OF EQUIPMENT AT CHECKOUT: \$ \_\_\_\_\_

Equipment	Serial Number	Asset Tag Number	Date	<b>CHECK IN</b>
Visual damage on check in? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe: _____ To the best of the User's knowledge, does the equipment work? <input type="checkbox"/> Yes or <input type="checkbox"/> No If no, describe: _____ Are there any known or suspected issues with the equipment? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, describe: _____				

ACCESSORIES INCLUDED WITH THIS EQUIPMENT:

- Power Brick and Cable / Quantity \_\_\_\_\_
- Docking Station / Quantity \_\_\_\_\_
- Video Cable / Quantity \_\_\_\_\_
- Video Adaptor / Quantity \_\_\_\_\_
- Other (description, quantity and condition) \_\_\_\_\_

**AGREEMENT:**

Falcon School District is allowing the above named Employee the use of this technology equipment. Although it is the property of the District, it has been checked out to the Employee and it is the Employees' responsibility to maintain care, custody and control of the items at all times. The Employee is responsible if the equipment is lost, damaged or stolen; the current replacement cost is not covered by the District or their insurance. *Please do not assume your personal homeowners, renters or auto insurance policy will provide coverage for the loss, theft, or damage of this equipment without first checking with your insurance provider.*

I understand that upon departure from Falcon School District 49, if I have not returned the above named equipment in good working order, in a timely manner, the current cost of the equipment I have borrowed may be deducted from my final check.

CHECK OUT:

CHECK IN:

\_\_\_\_\_  
 Signature  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Date: \_\_\_\_\_