EMPLOYEE EQUIPMENT USAGE FORM

Purpose of the Form: This form is to be completed whenever District equipment is removed from School District property to be used by an employee and is required as per School Board policy #3210. The form must be thoroughly completed and the signature of the employee and the employee’s direct supervisor obtained prior to the equipment leaving District property.

Location: _______________________________________________ Date: ______________________

Description of equipment (including condition): _______________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Purpose of use: _______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date equipment is to be returned to the District: ______________________

Fixed asset identification number: _________________________________________________________

Authorizations: *(Please print your name and place your initials by your printed name.)*

___________________________________                 ___________________________________
Direct Supervisor                                                        Date Employee                                                                         Date

Actual date equipment was returned: ______________________

Condition of equipment returned: _________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Equipment returned to: ___________________________________________________
(Print your name, date and then initial by your printed name.)

Equipment must be returned to and signed in by the employee’s direct supervisor or the site’s media coordinator. If the equipment is removed for more than one day, a copy of this form must be submitted to the Human Resources Department.

WHITE: Internal Auditor        CANARY: Fixed Assets Manager        PINK: Employee        GOLD: Direct Supervisor

Form 3210-A (10/99)