



Equipment Sign-Out

Name: _____ Home Phone: _____

Building: _____

Computer: _____ Asset # _____

Printer: _____ Asset # _____

Other: equip: _____ Asset # _____

equip: _____ Asset # _____

equip: _____ Asset # _____

equip: _____ Asset # _____

Terms of Use:

I accept the above listed computer and other equipment solely for my professional use related to my employment with the Mount Vernon School District. I understand that this workstation and other equipment is the property of the District and is provided for my use only for such time as I am an active employee of the District. The District may ask for inventory verification or may recall the equipment at any time.

Repairs and Alterations:

I will not allow or attempt to make any repairs or alterations of the hardware. Repair will be done **only** through the District's computer maintenance service or other authorized provider. Damage while in my custody will be repaired at my expense.

Copyrighted Software:

I understand that all of the software on the workstation I am receiving has been licensed by the District and conforms with copyright law and District copyright policy. I will not install any software on the computer unless it is a legally licensed copy owned by me or by the District. Any software stored on the hard drive that is my property will be removed by me before returning the computer to the District. I **will not** remove or copy any software licensed to the District.

Insurance Coverage:

I will confirm coverage, with my insurance carrier, of all equipment I remove from the District. My signature below reflects my agreement to the terms of use and my understanding that my homeowner's, renter's or automobile insurance will provide primary coverage for theft, damage or loss of this equipment while in my possession and **not** on District property.

Insurance Carrier _____ Policy No. _____

Name (please print): _____ Date: _____

Signed: _____
Employee Receiving Equipment

TO BE COMPLETED UPON RETURN OF BORROWED EQUIPMENT

The school district equipment listed above was returned on ____ / ____ / _____. I have inspected the equipment and determined that it is in good operating condition.
Mo. Day Yr.

Building Principal/Administrator Signature

Date

Distribution: **Original** retained by principal/administrator; **Copy** to business office

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