



REMOTE WORK EQUIPMENT/PROPERTY
ASSIGNMENT AND USE AGREEMENT FORM

Assignee Name: _____ Department: _____

Equipment Location: _____ Phone #: _____

Supervisor: _____

I, the undersigned borrower, agree to be responsible for the equipment listed below:

Description	Property record #	Serial #	Issued	Returned

I understand and agree that:

1. The equipment listed above is assigned to me by my school or department and made available for use for work-related activities only
2. I am allowed to take the equipment home to work on school or District related activities
3. Only copies of software authorized by the Board are to be loaded on the equipment and may only be installed after proper authorization by department or school administration
4. I am responsible for the appropriate use and care of the equipment and all associated devices
5. I will be required to present the equipment for inspection during the annual inventory audit of property owned by the school system
6. I will exercise due diligence in safeguarding the equipment and associated devices from loss, damage, and theft to include such precautions as storing the device in a locked cabinet when not in use, not leaving the device in a car, and properly securing during meetings/conferences. If it is found that due diligence was not exercised in keeping this property secured, assignee could be held financially responsible for the cost of replacement or repair (whichever is applicable)
7. At the appropriate time for replacement, or at termination of employment (whichever occurs earlier), I will return the equipment to the department or school for reassignment or removal from active inventory, whichever is applicable
8. I will not be held financially responsible for any repairs resulting from normal and ordinary use of such equipment
9. I have read and understand AP 7540-08 Mobile Computing Device Assignment and Use Procedure

Signature of Borrower: _____ Date: _____

Approval of Issuance

Department Administrator/Supervisor Signature: _____ Date: _____

Return of Device

Department Administrator/Supervisor Signature: _____ Date: _____

5/30/23