



Loan of Technology Material/Equipment Checkout Form

Washington Unified
School District
7950 S. Elm Ave.
Fresno, CA 93706
(559) 495-5600
www.washingtonunified.org

Print Name: _____

Work Site: _____

Position: _____

Phone: _____

Description of material/equipment:

Quantity	Equipment/Material	Serial Number

This technology equipment is the property of the Washington Unified School District (the "District") and is being assigned to the employee only for employment purposes associated to my position as an employee of the District. By signing this document, I agree to use the device plus associated peripherals and software in connection with my employment and shall not permit any other person to possess or use the device or software. I have received, read, understand, and agree to abide by the Acceptable Use Agreement, BP 4040 - Employee Use of Technology, AR 3512 Equipment of the Washington Unified School District, and I shall comply with all applicable copyright and other regulations regarding the software installed on the device.

I agree to properly care for the device that I am issued. This includes, but is not limited to: securing the device; not leaving it in a vehicle or leaving the device unattended in office or classroom. I agree to promptly inform the District of loss or damage to the device. In the event of a loss I agree to fully cooperate in any ensuing investigation. I understand that I am responsible for the full cost of replacing the device if it is lost or for necessary repairs due to negligence as determined by the District. (AR 3512)

I acknowledge that the device is provided for my use at the discretion of Washington Unified School District while I remain an employee or until such time as the District directs me to return the device. Upon request or if I cease to be employed by the District, I shall immediately return the device to the Technology Department. The device will be returned in the same condition as on the agreement date of issue, reasonable wear and tear accepted. If I fail to return the device upon request, the District will treat this as a loss. I acknowledge this will result in my being subject to the full cost of replacing the device.

Signature: _____ Date: _____

Acknowledgement of Checkout/Return

I accept the return of the material/equipment described above, and I acknowledge that the material/equipment is in good. Useable condition. The above individual and/or individual is relieved of responsibility for the material/equipment is in good, useable condition. The above signed individual is relieved of responsibility for the material/equipment.

Date Check Out: _____

Equipment Condition at time of checkout: (please circle) **NEW** **GOOD** **FAIR**

Please Initial: _____

Employee Person Verifying

Date Returned: _____

Equipment Condition at time of checkout: (please circle) **GOOD** **FAIR** **POOR**

Please Initial: _____

Employee Person Verifying