

Technology Check-Out and Check-In Form

Campus: _____

Room Number: _____

I understand that all technological equipment use shall be in accordance with applicable District policies, administrative guidelines, and this agreement form. [See policies CQ, DH and provisions on use of electronic media.] In consideration for the District permitting me to use electronic textbooks or technological equipment for minimal personal business, I assume financial responsibility for usage of such items off school property or outside of a school-sponsored event.

I also understand that the District recommends that I obtain appropriate insurance for the equipment to cover loss, damage, or destruction. [See DG (LEGAL)] All equipment is subject to random inventory checks and must be returned in good and working condition.

Equipment	Brand	Model#	Serial #	Tag#	Maximum Financial Responsibility	Condition
			001507200000*****			

** User is responsible for returning all corresponding power cables and cords; failure to do so will result in fee. Financial responsibility may be less than the amount displayed based on the nature of the damage.*

This agreement must be renewed each school year.

Employee (Printed Name)

Employee Signature

Date

Librarian/Media Specialist Signature

Date

FOR OFFICE USE – RETURNED EQUIPMENT (Check-In)

List Pending Items / Mark User as Clear: _____

User Financial Responsibility: _____ Paid: Yes No N/A Receipt #: _____

Employee Signature _____
Date

Librarian/Media Specialist Signature _____
Date

Campus Principal or Administrator Signature (Required For Pending Teachers) _____
Date

Room Barcode: