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| **DISD Campus Equipment Check-Out/Check-In Form** |
| Employee Name: | Date:  |
| Employee id. #: | Position: |
| Home Address:  |  Phone #: |
|  | Cell Phone #: |
| Employee Signature: |  Campus:  |
| EMPLOYEES: By completing this form, I acknowledge that I am responsible for the District equipment being checked out in my name. I have the responsibility to act in good faith in order to protect district assets, and I am expected to be alert to the potential for theft of properly as well as misappropriation of district equipment. I will return the equipment in the same condition that It was issued to me less reasonable normal wear and tear. I am also aware that if the equipment is damaged, lost or stolen during the period that it was in my possession and due to my lack of good faith in preventing such an occurrence, I will be required to pay for its repairs or replace at my own expense. |
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| Description of Equipment | D.I.S.D. Asset Tag # | Destiny BC# | Serial Number | Manufacturer | Model Number |
| Laptop/Tablet/iPad |   |   |  |   |   |
| Projector |   |   |  |   |   |
| Document Camera |   |   |  |   |   |
| Elmo/Proj. Combo |   |   |  |   |   |
| Digital Camera |   |   |  |   |   |
| Computer Splitter |   |   |  |   |   |
| Digital Cameras/Flip Cameras |   |   |  |   |   |
| Smart Board/Eno Board Accessories(See attached form) |   |   |  |   |   |
| Other |   |   |  |   |   |
|  |  |
| Issued by: |
| Estimated Date of return: | Date Issued: |
| Received by: | Date of Return: |
| Comments: |  Conditions Returned: |
| In the event that the equipment is stolen, or Damaged please report immediately to a supervisor/administrator so that a police report can be filed and appropriate action can be taken. If stolen from your home please bring police report with you. |