



**Information Technology and Support Services
Technology Equipment Assignment Form**



This form must be completed prior to long or short term assignment of any district technology equipment, accessories or peripherals. *Short term loan duration will be approved on a case-by-case basis by the ITSS Director or designee.*

Full Name: _____ **Location/Dept.:** _____

Position/Title: _____ **Phone/Ext:** _____

Requested Technology Equipment/Peripheral:

Item(s) _____

Short term use From: _____ **To:** _____

Reason for request: _____

Goal: _____ **Metric:** _____

Assigned Technology Equipment/Peripheral Information:

Item (Laptop, Accessories, etc.)	Make (Gateway, Dell, Apple, HP, etc.)	Model (3400, Inspiron 3000, Air, etc.)	Asset Tag # (6 digits) OR "No tag"	Serial #

Condition: New Good Fair Poor **Due Date** (short term loans): _____

Comments: _____

The following info must be provided when assigning any portable equipment i.e., laptops, accessories, etc.

Home Phone: _____ **Mobile Phone:** _____

Home Address: _____

Assignee Signature: _____ **Date:** _____

My signature acknowledges my acceptance of full responsibility and liability for loss or damage while in my possession.

Administrator Signature: _____ **Date:** _____

ITSS Signature: _____ **Date:** _____

Returned Technology Equipment/Peripheral Information:

ALL assigned computer equipment, accessories and peripherals MUST be returned when a position has been vacated.

Item (Laptop, Accessories, etc.)	Make (Gateway, Dell, Apple, HP, etc.)	Model (3400, Inspiron 3000, Air, etc.)	Asset Tag # (6 digits) OR "No tag"	Serial #

Reason for return: _____

Condition: New Good Fair Poor **Comments:** _____

Assignee Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

ITSS Signature: _____ **Date:** _____