



Technology Equipment Checkout Contract K-12 Staff

Employee Name _____ School _____

Email Address _____ Home Phone _____

Equipment	Serial Number	4J Tag Number	Date OUT	Date IN
Laptop				

Insurance Information:

Does your homeowner or renter policy contain a clause or a rider that provide coverage for employer owned equipment? Yes _____ No _____

If “No” is checked, I understand I am assuming personal liability for all damages or loss of such equipment.

If “Yes” is checked, please attach a copy of the pertinent clause or rider, along with insurance company name and policy number.

Employee Signature _____ Date _____

Approved by _____ Date _____

Title _____

By signing the above, I am agreeing that all equipment will be returned to my new school assignment in the same condition as when borrowed. Any damages or loss sustained during the checkout period, which includes transporting the equipment to and from this site, shall be the sole financial responsibility of the borrower.

4J Employee ID Number: _____