



Equipment Check-Out Form

Property Management

Completion of this form authorizes the Sacramento State employee below to use the identified property/equipment at an off campus location for the sole purpose of conducting University business.

By signing this authorization form, the employee agrees to the following.

I agree that the equipment will be used for university business and in accordance with established University policies. The equipment will be secured to prevent theft and password security and virus protection will be used, if applicable, to prevent unauthorized access or damage to university systems and data. The equipment will be returned to the university at the end date specified below. I understand that my homeowner's insurance is primary coverage for theft or loss and State Risk Management is secondary coverage. If lost or stolen I will immediately file a report with the University Police Department and or local agency.

Employee Agreement

Name of Borrower: _____ Emp. ID: _____

Address: _____ City: _____ State: _____

Email: _____ Phone: _____

Signature of Borrower: _____ Date: _____

Equipment Information

Equipment Description: _____ Condition of Equipment: _____

Sacramento State Tag Number: _____ Serial No: _____

Check out period - From: _____ To: _____ (Not to exceed 1 year)

Department Head Approval

*Approved By Print Name: _____ Signature: _____
(Dept. Head/Chair)

Department: _____ Dept. ID: _____ Date: _____

Equipment Return

I certify the return of the above equipment is in satisfactory condition and is now located in:

Building: _____ Room: _____ Reissued to: _____

Print Name and Signature of Administrator or Department Record Keeper Date

**If the borrower is the Dept. Head/Chair, approval must be from an AVP, Associate Dean or Dean.*

Distribution: (1) Original to Property Management (1) Copy to Department