

**KYRENE SCHOOL DISTRICT
AUTHORIZATION FOR LOAN OF
DISTRICT WORKSTATION EQUIPMENT/PROPERTY**

NAME: _____ **SCHOOL/DEPT:** _____

HOME ADDRESS: _____

HOME PHONE: _____

You may take the workstation and/or portable communication device home to work on school related business*, for training sessions, or inservice meetings. You may not use the workstation and/or portable communication device for financial gain. Cell phone/pager/radio communication device is to be used for educational purposes only.

*For hourly Staff: Time needs to be approved and accounted for per Meet and Confer

Requested Equipment: (PLEASE LIST ALL HARDWARE, SOFTWARE, POWER CORDS, MISC., ETC.)

1. _____ GFA# _____ Serial # _____

2. _____ GFA# _____ Serial # _____

Waiver Statement: By signing this statement, I certify that I will be responsible for loss or damage to the workstation and/or portable communication device and that I will be responsible for compensating the Kyrene School District for any necessary repairs/replacement for damage and/or loss of the requested equipment due to neglect or any extra costs that you are responsible for incurring.

Employee's Signature: _____ Date: _____

Copyright Statement: I hereby certify that copy protected software will be used in compliance with all pertinent copyright laws. I fully accept the consequences of any copyright violation and understand that the Kyrene School District will in no way be held responsible or deemed liable should any actions result in subsequent violations. **I WILL NOT COPY SOFTWARE FROM OR ADD SOFTWARE TO THIS WORKSTATION OR CHANGE NETWORK SETTINGS.**

Employee's Signature: _____ Date: _____

District Policy DID/DID-R requires any employee who removes an item from the District to have a written request for such removal signed by a Supervisor.

AUTHORIZATION:

Supervisor's Signature: _____ Date: _____

To be completed upon check out:

I certify that the above information is correct:

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

To be completed upon check in:

I certify the property was returned in good condition with any exceptions noted on the back of this authorization form.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____