CENTRAL PIEDMONT COMMUNITY COLLEGE

Off Campus Technology Equipment Use Agreement/Authorization Form

This form must be completed and approved prior to removing CPCC equipment for off-campus use. The end-user must keep a copy of this form with the equipment at all times. A copy of this form will be sent to Inventory Control and to Human Resources by the Information Technology Services Department. **Off campus technology equipment requests can only be requested by full-time CPCC employees.**

Employee Information (please type or print):

Name _____ **Employee ID#** _____ **Department** _____

Home Address (street, city, state, zip) _____

☐ **Short Term Use (30 days or less)**
☐ **Long Term Use (expected return date_____) – Up to 1 year**

Effective Date _____

Pick-up Date _____ **Equipment Return Date** _____ **Employee Initial** _____

Equipment Information (for ITS use ONLY):

Item Description	Serial Number	Inventory Tag Number	Approver Initials

Agreement:

By submitting this form I acknowledge receipt of the item(s) listed above for off-campus use and agree to use the item(s) according to the following conditions:

- The equipment will be used primarily for and in support of official College business in a responsible, ethical, and lawful manner. *(See CPCC Policies & Procedures, Section 6.20)*
- I understand that I shall not transfer this equipment to another department or employee.
- I understand that I am personally responsible for all loss, damage, or destruction of the equipment, software or data that would compromise personal or business sensitive information until returned, whether or not coverage is secured through an insurance company.
- I am responsible for reporting any loss, damage, or destruction of this equipment to CPCC Inventory Control department at the beginning of the work day immediately following knowledge of such loss. All reimbursements for such damage or loss shall be due and payable to CPCC within 30 days.
- I understand that the College will not be responsible in any way for loss, injury of any kind or damage suffered by anyone (including myself) as a result of the presence or use of the above equipment while checked out by me.
- I agree to return the equipment after the period listed above. Furthermore, I understand that the College may require return of the equipment upon the following conditions:
  - loss of funding supporting the purpose for my use of the equipment,
  - in the event that I am on leave for 10 or more days. *I will notify Inventory Control when my leave or employment status changes. Leave status changes include military deployment, leave of absence, Family Medical Leave (FMLA), and others, or*
  - any other condition deemed necessary by the College.
- I agree to return the equipment for inventory verification whenever requested.
- I understand that I must notify my Department Head, Inventory Control department and Human Resources when the equipment has been permanently returned.
- I understand that a copy of this agreement will be forwarded to Human Resources for placement in my employee file, and that the equipment must be returned when my employment with the College is terminated.

Employee signature: _____ Department Head Signature: _____

Last updated: 4/28/2009