



# CENTRAL PIEDMONT COMMUNITY COLLEGE

## Equipment Use Authorization/Agreement Form

This form must be completed and approved, **each semester**, prior to checking-out equipment from the Library Services. The employee's agreement form will be kept on file at the library for **one semester**. Use of equipment can only be requested by CPCC employees. Part-time employees must secure supervisory approval prior to the **initial** check-out of any form of technology equipment, for **each semester**.

Employee Information	
Name:	
ID:	Department
Home Address: (street, city, state, zip):	
Supervisory Approval for Part-Time Employees ONLY	
Supervisor Printed Name:	
Supervisor Signature:	Date:

**Agreement:** *By submitting this form, I acknowledge receipt of the item(s) listed above and agree to use the item(s) according to [Policy 6.30](#) and the following conditions:*

- 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 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 the **Library** 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.
- The equipment will be used for and in support of official College business in a responsible, ethical, and lawful manner.
- 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 by the date 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;*
  - *any other condition deemed necessary by the College.*
- I agree to return the equipment for inventory verification whenever requested.
- I understand that a copy of this agreement will be kept at the **Library** for placement in my employee file, and that the equipment must be returned when my employment with the College is terminated.

**Employee's Signature:**

**Date:**

**Library Staff Signature:**

**Date:**