

CAPISTRANO UNIFIED SCHOOL DISTRICT

San Juan Capistrano, California

ANNUAL TECHNOLOGY EQUIPMENT CHECK OUT FORM

This form must be completed and approved by the immediate supervisor and returned to your site principal or department head, prior to equipment check-out.

This is to confirm that _____
(Employee Name) (School/Department) (Date)

As a CUSD employee, you have been approved to check out the following CUSD equipment in order to perform work-related tasks off district property.

<u>Equipment/Description</u>	<u>Quantity</u>	<u>CUSD #</u> (if not available, list serial #)	<u>School/Room #</u> (where equipment is located)
_____	_____	_____	_____
_____	_____	_____	_____

Please initial each statement to verify agreement:

____ I have read and electronically signed a copy of the CUSD Employee Technology Acceptable Use Policy. This must be completed each year.

____ I will take all necessary precautions to make sure that this equipment is kept safe from harm and/or theft, including, not leaving it in my vehicle or in direct sunlight for extended time periods. I will keep it locked up and secure when off campus.

____ I also acknowledge that this equipment is only to be used by me for work-related projects. It will not be used by non-CUSD employees.

____ I will ensure that any checked out laptop, iPad, or iPod Touch is brought back to the site and connected to the District network every one to two months to ensure updates are received (except during the summer).

____ I will not load any non-CUSD approved software or applications onto the system. I am aware that home technical support is not available for this system while it is loaned out. If a problem arises, I will return the equipment to the site and submit a RADAR repair ticket or call (949) 234-5500 for RADAR support.

____ I understand that if the equipment is damaged, lost, or stolen while in my possession, I may be held financially responsible for reimbursing the district. NOTE: The employee, not their insurance company, is responsible for the reimbursement. The district reimbursement fees may be paid in one payment for the entire amount or four equal payments as payroll deductions. Fees will be assessed and determined by the district based on the type and age of equipment damaged, lost or stolen.

____ In the event the device is stolen or damaged, all files must be backed-up to my district provided H:Drive folder on a regular basis. I will also remove all files from the device containing confidential student data and make sure the files are securely backed-up.

Employee's Signature/Date

Employee's Home Phone

Site Administrator's/Supervisor's Signature/Date

Employee's Home Address (necessary for home use)