



Faculty Equipment Checkout

The following constitutes the terms and conditions of telecommuting between the College of the Siskiyous, hereinafter referred to as the District, and the designated Faculty member.

Employee Name _____ Employee # S Department _____
 #Phone _____ Email Address _____

Expected Duration of Checkout:

Note: Upon return to work on campus, all equipment checked out must be returned.

Start Date _____ End Date (if known) _____

District-Provided Equipment (please check) and Supplies Requested:

Equipment:	Describe:	Asset/Serial/ID Number:
Laptop	_____	_____
Monitor	_____	_____
Keyboard/Mouse	_____	_____
Scanner	_____	_____
Printer	_____	_____
Surge Protector	_____	_____
Internet Hotspot	_____	_____
Mobile Device	_____	_____
Webcam	_____	_____
Document Camera	_____	_____
Chair	_____	_____

Additional Supplies/Equipment Requested:

- _____
- _____
- _____
- _____
- _____

Note: Please use additional sheets for documenting additional supplies provided.

Approvals:

By signing below the faculty member and appropriate administrator agree to the terms of this Equipment Checkout. A copy of this document is to be retained by the Instruction Office and Human Resources.

Employee Certification

I agree to and understand the terms of this Equipment Checkout:

Signature: _____ Date: _____

Area Vice President Approval

Signature: _____ Date: _____

Vice President, Administrative Services Approval

Signature: _____ Date: _____