

Obsolete Equipment –

To have your obsolete equipment removed from your location, you will need to complete the below obsolete form and attach it to your equipment. Next, complete a digital work order request (Location can be found on our website) maintenance will then pick up the equipment from your location.

Thank you

RELOCATION OF USABLE/OBSOLETE EQUIPMENT FORM

Check appropriate boxes below, complete form and mail to **SSC-Support Services Dept.**

- Relocation of Equipment
 Move From Room to Room
 Move From Site to SSC
 Obsolete Equipment
 Move From Site to Site

- If you wish to relocate any equipment, complete **General Information and Relocation of Equipment** sections and forward to **SSC-Support Services Dept.**
- If you do not find a "new" owner within a reasonable length of time, turn in this form after completion of the **General Information and Obsolete Equipment** sections and forward to **SSC-Support Services Dept.**
- If the equipment is in "Fair, Poor or Broken/Needs Repair" condition, complete the **General Information and Obsolete Equipment** sections and forward the form to **SSC-Support Services Dept.**
- Equipment will not be picked up without a completed copy of this form attached, affixed on the equipment!

All re-locations of equipment must have principals' signatures.

GENERAL INFORMATION			
(This area MUST be completed prior to submitting form to SSC-Support Services Dept.)			
Name (Please Print)		Phone Ext.	School or Site
			Room #
Bar Code No. (One bar code per form)	Serial No.		Type of Equipment
Department Head Signature (Release Equipment) Date		Asst. Principal Signature (Release Equipment) Date	
Principal or Asst. Supt./Business Signature (Release Equipment) Date			
Relocation of Equipment			
Location Moved From (Rm #, BLDG, SSC)		Location Moved To (Rm #, BLDG, SSC)	
Department Head Signature (Receive Equipment) Date		Asst. Principal Signature (Receive Equipment) Date	
Principal or Asst. Supt./Business Signature (Receive Equipment) Date			
Obsolete Equipment			
PO#	Year	Funding Source	Model No.
Description of Equipment _____			
Condition of Equipment (Check one box only): <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Broken/Needs Repair <input type="checkbox"/> Under Warranty			
Estimated Cost to Repair \$ _____ Estimated Value, if known \$ _____			

WAREHOUSE USE ONLY

Date Equipment Picked Up	Picked Up By
Board Action Date	ESA Auction Sale #