



UNION COUNTY SCHOOL DISTRICT

Building a More Perfect UNION

TEMPORARY TRANSFER OF CAPITAL ASSET FORM (Loan of Asset for Less than One (1) Year) FOR TEACHER/EMPLOYEE USE

EMPLOYEES NAME: _____ DATE: _____

SCHOOL: _____ ROOM NO. _____

This is to verify that I have the equipment listed below and using it to conduct official school district business.

Description	Tag No.	Serial No.	Checked Out To	Date	Room No.	Date Returned

THIS FORM MUST HANG ON THE BACK OF THE TEACHER/EMPLOYEE'S ROOM DOOR. IT IS USED FOR TRACKING PURPOSES.