

East Tallahatchie School District

Raymond Russel, Superintendent
411 East Chestnut Street
Charleston, MS 38921
662-647-5524 phone • 662-647-3720 fax

Equipment Check-Out Form

Employee Name:

Employee Name:	Employee Name:	Employee Name:

By signing the designated items on this printout, I am accepting responsibility if lost, damaged or stolen due to my negligence. If computers, I agree not to install unauthorized copies of software, used either for personal or business purposes, and adhere to software copyright infringement laws.

I agree to report and document any change in status of the equipment I am accountable for. If stolen, I agree to immediately report such theft to my supervisor and have the appropriate parties obtain a properly executed police report.

Employee

Date

Office Use Only

Approved By: _____
Fixed Asset Manager Date