

Request for Off-Site Use of School-Owned Materials and Equipment by Staff

Employee Name: _____

Department: _____ Supervisor: _____

Equipment Requested: _____

Purpose: _____

Requested Begin Date: _____ End Date: _____

I agree to use this equipment consistent with Board of Education Policies: 1505, *Use of School-Owned Materials and Equipment by Staff and Students* and 1500, *Public Use of School Facilities*. I will use this equipment solely for the intended purpose listed above and am financially responsible for said equipment.

Employee Signature: _____ Date: _____

APPROVALS**Supervisor Signature:** _____ **Date:** _____

Recommend:

☐

Approval

☐

Disapproval

Comments: _____

Technology Coordinator Signature: _____ **Date:** _____

Recommend:

☐

Approval

☐

Disapproval

Comments: _____

Equipment Description: _____

Serial No. _____

Director of Finance & Support Services Signature: _____

Approved _____

Disapproved _____

Date: _____

Comments: _____