



Pursuing Excellence Through Partnership

Technology Equipment Loan Agreement for Staff Members

To be filled out by the HCSD staff member assigning equipment for loan

Equipment Loaned _____

Service Tag # _____ Barcode # _____

Loaned to: _____ **(Print Staff Member's Name)**

Date Loaned _____ Loaned by _____

Date to be Returned _____ Received by _____

Purpose of loan _____

To be filled out by the HCSD staff member accepting equipment for loan

I, _____, HCSD staff member,
acknowledge that this equipment will be loaned to me for the described purpose. I also
agree to assume responsibility for the replacement of this item should it be lost, stolen
or damaged while loaned to me. I also agree to the terms of the HCSD staff member
"Authorized User Policy" (AUP) which I have read under the policy section outlined on
our Technology Department Web-Page (as it also applies to loaned equipment).

Signature of Staff Member _____

Print Name _____ Date _____