

## Requested by

**ALL FIELDS ARE REQUIRED**

Department:

BCC ID #:

Name:

Home/Campus Phone

Title:

Cell Phone:

Reason for the Request:

## Requested for:

Name:

E-mail Address:

Address:

BCC ID#:

City, State, Zip Code:

Home & Campus Phone:

### Please read and acknowledge

Responsibilities for participation in this program:

1. Employees are responsible for the proper care and use of the laptop issued to them for use in this program. All equipment must be used in accordance with this policy.
2. Employees are responsible for the lost equipment, as well as laptops damaged due to dropping, spilling liquids or exposing the unit to the elements, including replacement costs at fair market value.
3. If equipment is stolen, the employee must notify Public Safety
4. Employees must operate the equipment in accordance with the University's computer user responsibility policy
5. A physical inventory of the equipment will be performed on an annual basis by Property Management. If an inventory is requested while the laptop has been issued to an employee, the employee will be notified and will be responsible for bringing the laptop to campus so an audit may be performed. Failure to comply will result in the employee losing the opportunity to participate in this program.
6. Equipment must be returned in good working condition with no damage beyond normal wear and tear

Please check the box to indicate you have read, understood, and agree to abide by the responsibilities of the program.

## Please sign and print your name

Employee Signature

Date:

## OFFICIAL USE ONLY

Senior VP/Business Manager Signature

Date:

Approve

Disapprove