APPROVAL REQUEST FORM FOR COMPUTING DEVICE ON LOAN

1. Requestor Name: ___________________________ Employee# ______________
2. Department/Program: ________________________ Date of request: __________

3. Request use of the following device(s) for Check Out:

<table>
<thead>
<tr>
<th>Description of device</th>
<th>Serial No.</th>
<th>Inventory No.</th>
<th>Expected Return date</th>
<th>Condition</th>
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(*See attached form for additional listing of devices.)

4. The Requestor shall utilize such device(s) for the purpose of:

_____________________________________________________________________
_____________________________________________________________________

If computing device(s) are being checked out by an instructor or program advisor for purposes of loaning device(s) to students, please identify the names of the students here: (Attach additional form if needed.)

(Please provide Use Policy Acknowledgement Form to all students to sign and provide copies to local information technology manager or administrator.)

5. As Requestor of the above device(s) on loan I understand and agree to the following:

(Please initial that you have read each item below.)

[ ] I have read the guidelines provided to me along with this form and agree to abide by the use of the device(s) on loan in accordance with all guidelines related to my usage including but not limited to, Administrative Regulations B-27 and B-28.

[ ] I shall keep the device(s) secure from loss or damage. If damage or loss occurs to the device which is a result of my failure to follow the appropriate guidelines or employ reasonable safeguards, I understand that I shall be responsible for such loss or damage and shall be asked to reimburse the College/District.

[ ] I shall maintain the confidentiality of any District or College data that is placed on such device(s).

[ ] I shall not place any inappropriate data or software programs on the device(s) that has not been approved for download by the local information technology department.

[ ] I shall report any loss or theft of the device(s) immediately to the Sheriff’s Department and to the local information technology department.

[ ] I shall not alter, revise or modify the existing hardware or software configuration or settings, including but not limited to disabling security features of the computing device.
The following devices were Checked In: (To be completed by Manager of College Information Systems or local technology administrator.)

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<tr>
<th>Description of device</th>
<th>Serial No.</th>
<th>Inventory No.</th>
<th>Return date</th>
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(Attach additional form for additional devices checked-in)

*All Items Above Inspected and Received by:*

Print Name __________________________ Date: __________

________________________
Signature

PLEASE OBTAIN STUDENT SIGNATURES IF DEVICE IS ISSUED BY PROGRAM INSTRUCTOR OR PROGRAM ADVISOR TO STUDENT(S)

*Use of Computing Devices are subject to the regulations, policies and procedures found in Administrative Regulations B-27, B-28 and ITP 07-07. I acknowledge that I am informed of such regulations, policies and procedures and agreed to abide by the terms set forth in these documents and in this approval request form.*

Student Signature: __________________________ Date: __________

*Attach additional form with student signatures if necessary.*
USE OF PERSONAL COMPUTING DEVICE
FOR WORK-RELATED BUSINESS AND ACCESS TO INTRANET

1. Requestor Name: ___________________________ Employee ID# __________
   (includes consultants/professional experts)

2. Department/Program: ___________________________ Date of request: ________

3. Request use of the following device(s):

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<th>Description of device</th>
<th>Serial No.</th>
<th>Expected length of use</th>
<th>Condition</th>
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4. The Requestor shall utilize their personal computing device(s) for the purpose of:

5. As Requestor, I understand and agree to the following: (Please initial each box.)

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a. | I shall safeguard and maintain the confidentiality of any District or College data that is placed on my personal computing device. |
b. | When deemed necessary, I shall provide access to work related data files on my personal computing device to the College/District. |
c. | I acknowledge the risk of offering my personal computing device for work related use and understand that any loss or damage that occurs to my personal computing device in this capacity may not be compensated by the College/District. |
d. | I shall ensure that my personal computing device is free from any virus or other defective conditions which may render my personal computing inhospitable for work-related use. I agree to work with the local IT Department at my location to verify that my personal computing device is suitable for use. |
e. | I understand that any district procured licenses for software applications cannot be loaded to my personally-owned device. |
f. | I understand that the District/College is not responsible for the condition of my device prior to use and access onto the intranet for LACCD related business purposes. |

Requestor Signature: ___________________________ Date: __________
Supervisor Signature: ___________________________ Date: __________
Print Name: ___________________________
Manager of Information Systems/IT Administrator Signature: _______________ Date: __________
Print Name: ______________________________________

VP of Administrative Services Signature: ___________________ Date: __________

Print Name: ________________________________

Please attach ITP 07-07 to this Form.