



General Equipment and/or Non-Consumable Supplies on Loan Form

Not to be used for Computer or Technology Devices. Use Technology Equipment on Loan Form.

Employee Name: _____ Employee ID: _____

Date of Issuance: _____ Location: _____

Department: _____

Request Use of the Following Item(s) for Check Out (add additional form if needed):

Description of Equipment/Supplies	Serial No. (if applicable)	Asset Inventory No.	Expected Return Date	Condition

Please initial that you have read each item below. As an employee borrower of the equipment or supplies on loan I understand and agree to the following:

Item 1: I shall use the equipment or supplies solely for LACCD business, instructional or program purposes related to my employment with the LACCD. I understand that I am required to return the equipment or remaining unused supplies by the return date noted above and that at all times the equipment and supplies are the property of the LACCD. If I should no longer be employed with the LACCD, I will immediately return the equipment and or the remaining supplies.

Item 2: I shall keep the equipment in good repair and secure from loss or damage. If damage or loss occurs to the equipment 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 may be asked to reimburse the LACCD for loss of equipment to the LACCD. I also understand that the LACCD may exercise reasonable measures necessary for my failure to pay any financial obligation owed to the LACCD. My repeated failure to secure or exercise care over the equipment and/or supplies on loan may result, but not be limited to, suspension of my ability to obtain subsequent items on loan for use.

Item 3: I shall report any loss or theft of the equipment and/or supplies on loan immediately to the Sheriff's Department and to the LACCD Department issuing the equipment and/or supplies identified above.

Item 4: I shall not alter, revise or modify the equipment on loan without the express consent by LACCD, including but not limited to disabling protective or security features for the equipment on loan.

Employee Signature: _____ Issuing Administrator's Name: _____

Date: _____ Signature: _____

Date: _____

Please provide copy of form to employee with original to LACCD file.