



# North Monterey County Unified School District Equipment Checkout Form Employee

**PLEASE HAVE PERSON WHO WILL PICK UP THE EQUIPMENT COMPLETE THIS FORM.**  
 Submit a copy to the NMCUSD Technology Department.  
 Return all equipment as originally received. Please contact the District Office at (831) 633-3343 x1228 with any questions or concerns.

**Name of person checking out Equipment:** \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Pickup Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Manager/Principal approval

**Equipment Checked Out:**

Name of Manufacturer	District Asset Number	Serial Number	Model Number	Replacement Cost

**Software Installed:** Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes list software and replacement cost)

Name of Software Installed	Replacement Cost	Name of Software Installed	Replacement Cost

Date of check out: \_\_\_\_\_ Date Equipment will be returned \_\_\_\_\_

Condition of Equipment on Date of pickup: New \_\_\_\_\_ Used \_\_\_\_\_

Details: \_\_\_\_\_

**I have received the following equipment from North Monterey County Unified School District. I understand that I am responsible for any loss, theft or damage occurring while I am in possession of this equipment. I understand I will be responsible for the cost of replacement and or cost of repairs if needed.**

**All equipment must be returned immediately upon resignation or termination of employment.**

\_\_\_\_\_  
 Signature of employee upon checkout Date

\_\_\_\_\_  
 Signature of employee on return Date

Condition of equipment on date of return: Good \_\_\_\_\_ Bad \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_  
 Signature of person checking equipment in (district employee) Date