



OFF-SITE TECHNOLOGY EQUIPMENT USE FORM

This Off-Site Technology Equipment Use Form will be effective as a specific response to COVID-19 emergency management. At the conclusion of the emergency period, the temporary technology equipment use approval will end.

Employee's Name					
FSUID#					
Department		12-month Faculty	A&P	USPS	OPS

List all property items (monitor, desktop, laptop, keyboard, mouse, etc.) to be removed from University premises for temporary remote work purposes.

Serial #	Description	Dept ID

I understand and agree to the following:

- I certify that the equipment listed above will be used for an official university purpose and will be returned to the university as soon as the temporary remote work is complete.
- I hereby acknowledge receipt of the equipment listed above and accept full responsibility for the care and return.
- I agree to reimburse the university for any damage or loss resulting from my negligence.

Employee's Signature

Date

Approval Signatures

Supervisor (Please Print)

Supervisor's Signature

Date

Dean/Director/Department Head

Dean/Director/Department Head Signature

Date

Supervisor is responsible for submitting completed acknowledgement to their Dean/Director/Department Head.