

West Sonoma County Union High School District
Employee Equipment Check Out Form

Employee Name	Date
School	Department
Equipment Type	Dates Needed

Make/Model
Serial Number
Purpose

I understand that I am responsible for the above named equipment. I further understand that I am liable for replacement or repair cost if the equipment is stolen or damaged.

Employee's Signature

I approve of the loan of the above named equipment to this employee for the "dates needed" (shown above).

Signature of Principal or Designee

Tech Check-in Notes:

Date Returned