



DISTRICT SCHOOL BOARD OF PASCO COUNTY EQUIPMENT CHECKOUT GUIDELINES FOR EMPLOYEES

MIS Form #192
Rev. 03/20

Employee Name	Employee ID #	Location / Cost Center	Date
Inventory Control Number	Serial Number	Equipment Type	

Accessories: Power Cord Case Video Adapter
 Other _____

Please read each statement:

- I understand that this equipment remains the sole property of the District School Board of Pasco County and no hardware or software modifications are permitted without prior authorization from the Office for Technology and Information Services.
- I am bound by the *Electronic Network Use Guidelines for Employees* (MIS Form #190).
- This equipment is to be used for instructional and work purposes.
- I am financially responsible for all repair costs associated with any damage resulting from negligent use of this equipment. If the cost to repair exceeds the replacement cost or depreciated value, I am responsible for the replacement cost or depreciated value, whichever is less.
- I am financially responsible for the replacement cost or depreciated value, whichever is less, for loss/theft of the equipment that occurs off District School Board of Pasco County property. I will not be financially responsible if reasonable precaution is used to prevent loss/theft and a police report is provided to substantiate such reasonable precaution.
- I understand that I may elect to purchase private loss/damage/theft insurance to provide for additional coverage as a precaution. If I elect to do so, I am responsible for verifying whether my personal insurance (e.g., automobile, homeowner, renter, etc.) provides coverage for the equipment and if so, under what circumstances and subject to what deductibles.
- I am responsible if I permit unauthorized users to use this equipment.
- Student information is protected by law, and I am responsible for keeping all such information housed on this equipment confidential at all times.
- Inappropriate or unlawful use of this equipment, after due process, may result in termination.
- **(For non-exempt employees only):** I understand that any overtime must be approved in advance and that I am responsible for reporting all hours worked on my timesheet. For any questions regarding status as non-exempt or exempt, please contact the Office for Human Resources and Educator Quality.

By signing below, I understand and accept the above responsibilities with regard to this equipment being issued by the District School Board of Pasco County.

Employee Signature _____	Date _____
Administrative Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Notes/Comments	

Administrator Signature _____	Date _____
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Date Returned _____ Checked In By _____ Location Stored _____