

HUMBOLDT STATE UNIVERSITY
Employee Authorization for Off-Campus Use of Equipment

Name: _____ Emp ID: _____
 Department: _____ Phone: _____

ITEM(S) ISSUED:

Condition of Item:

Description	Tag #	Serial # (or Dell Service Tag #)	Condition of Item:			
			Excel- lent	Good	Fair	Poor

In accordance with State Administrative Manual Section 8643, I understand I may be charged for any loss and/or damage to State property due to my negligence and/or unauthorized use.

I accept responsibility for The California State University equipment listed above which has been issued to me. Equipment is to be used to conduct State business. I further agree and understand that the return of the equipment, in satisfactory condition, and the Dept Manager's signature verifying its return is necessary before the issuance of my final paycheck.

Keep the Off-Campus Use Authorization form with you whenever transporting equipment. You may be asked by Security to provide proof of permission to remove equipment from the premises.

 Employee's Signature Date

Approved by Department Manager:		
		Date: _____
Print Name	Signature	

Acknowledged by Financial Services (SBS 325):		
		Date: _____
Print Name	Signature	

ITEM(S) RETURNED:

Condition of Item:

Description	Tag #	Serial # (or Dell Service Tag #)	Condition of Item:			
			Excel- lent	Good	Fair	Poor

Return verified by Department Manager:		
		Date: _____
Print Name	Signature	

Acknowledged by Financial Services (SBS 325):		
		Date: _____
Print Name	Signature	

Distribution: Financial Services (SBS 325)
 Employee

Department Manager

Dept ITC (for IT Equip)