

# Hazlehurst City School District

## Asset Checkout and Responsibility Form

\*\*This form is to be used when an asset is taken home with an employee\*\*

(Complete and return to Central Office for **ALL** inventory disposals.)

Inventory #	Description of Item	Serial #

By signing this form, the undersigned acknowledges full responsibility for all information listed. Each item listed should be initialed. In addition, the undersigned agrees to waive any right to litigate an inadequate training claim or other negligence claim against Hazlehurst City School District for not clearly understanding this procedure.

**Please initial each item to indicate agreement:**

1. \_\_\_\_ I agree to comply with the Hazlehurst City School District Internet Acceptable Use Policy.
2. \_\_\_\_ I acknowledge the value of this asset is \$\_\_\_\_\_.
3. \_\_\_\_ I acknowledge responsibility for asset's physical condition.
4. \_\_\_\_ I acknowledge responsibility for physical security of the asset.
5. \_\_\_\_ I acknowledge responsibility for security of data stored on asset.
6. \_\_\_\_ I acknowledge that use of asset is not authorization for overtime-eligible employees.
7. \_\_\_\_ I have read and understand the guidelines listed below referring to lost, stolen, or damaged assets that are assigned to me.

**Note: Employees found to be negligent are responsible to pay the value of the asset.**

\_\_\_\_\_  
(Employee's Name Printed)

\_\_\_\_\_  
(Department/School)

\_\_\_\_\_  
(Room Number/Location)

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Signature                      Date  
Campus Asset Manager

\_\_\_\_\_  
Signature                      Date  
District Inventory Clerk

White - Central Office

Canary - Remains with Asset

Pink - Transferring Employee