

EQUIPMENT CHECKOUT FORM

This form should be completed for any employee who wishes to transfer equipment from the office to their home.
Note: Any employee who wishes to use employer property off the premises will need to obtain approval from their elected officer.

Please list the item(s) to be checked out. If items have already been checked out, please list below.

| Equipment | Serial Number (if applicable) | Date Checked out |
|------------------|--------------------------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that the following conditions will apply:

- a. I will exercise reasonable care in transporting and using the equipment.
- b. I understand that I may be liable for the cost of lost equipment or repair of damaged equipment.
- c. I understand that the employer equipment must be returned to the office after the provisional period of work from home.
- d. I also understand that employer equipment must be returned upon separation of employment, or I will be liable for the full replacement cost of the equipment via payroll deduction.

Employee Name (Please Print): _____ Date: _____

Signature: _____

Approval

Name: _____ Date: _____

Title: _____ Ministry: _____

Signature: _____