

Staff Device Checkout Agreement

Item Description		Estimated Value (\$)
Manufacturer	Asset Tag/Prop. #	Model/Serial #, if applicable
and returned by the borrower	r named below, regardless if the individ ity to use, maintain and return the spec	Public Schools (the "District") will be used, maintained lual moves to another location. By signing this form, the cified item per the District Policies 5513 and 7530 and
	o.boarddocs.com/fla/ccpsfl/Board.nsf/t 2019-2022 https://www.yourcharlotte	
I agree that this item is the p item while it is in my possessio		the District from all liabilities associated with the abov
_	em listed above in the same condition is one gligence, theft, fire, or any other re	it was upon check-out, and agree to pay for any loss or eason while in my possession.
Borrower Information		
Staff Name (Print)	Staff Signatu	ire Date
	Employee ID#	School/Site
Position	Employee ID#	School/Site
	Employee ID#	SCHOOR-SILE
Position For Office Use	Employee ID#	School/Site
For Office Use School/District Staff Issue		
For Office Use School/District Staff Issue Condition* (1 - 5) *Conditi	er (Print) Signa Issue Date _ ion: 1 = New 2 = Good 3 = Avera	ature Return Date
For Office Use School/District Staff Issue Condition* (1 - 5) *Conditi	er (Print) Signa Issue Date _ ion: 1 = New 2 = Good 3 = Avera	Return Date ge 4 = Damage 5 = Destroyed