

Equipment Log for Telecommuting Employees

Employee: Please complete this form, keep a copy for your records, and return to supervisor.

Supervisor: Please keep this form on file.

Employee Name: _____

Employee Number: _____

Department: _____

Supervisor Name: _____

The following district-owner or employee-owned equipment will be used by the employee at the remote work location:

Description	Model Number	Serial Number

I understand that I am under financial liability for loss or damage to this equipment if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care, safeguarding, maintenance, or service of this equipment.

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____