

**TUCSON UNIFIED SCHOOL DISTRICT
CHECK-OUT FORM FOR DISTRICT EQUIPMENT AND
COMPUTER-RELATED ITEMS**

NOTE: Items are not to be checked out unless all signatures on the EDC-E2 form have indicated approval.

Employee Name _____

School/Department _____

ITEM	SERIAL NO.	PROPERTY CONTROL NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOFTWARE TITLES

Checkout Date _____ Signature _____
Principal

The above items are in good working condition on the date of checkout and I hereby agree to return same in good working condition. Replacement or repair costs may be deducted from my salary if deemed necessary by the District.

Date _____ Signature _____
Employee

Principal: SEND COPIES OF BOTH SIDES OF THIS FORM AFTER EQUIPMENT HAS BEEN CHECKED OUT TO: OPERATIONS

FOR USE WHEN ITEMS ARE RETURNED

Items listed above were returned in good working order by employee.

Return Date _____ Signature _____
Principal

November 10, 1987