



## EQUIPMENT ASSIGNMENT AGREEMENT

### EMPLOYEE INFORMATION:

Employee #:		
NAME (Last, First): _____		
DEPARTMENT: _____	JOB TITLE: _____	
WORK PHONE #: _____	CELL PHONE #: _____	
WORK E-MAIL #: _____	PERSONAL E-MAIL #: _____	

You have been assigned ASA College-owned equipment (listed on the next page) to complete your job duties and, accordingly, you are temporarily assuming responsibility for the item(s).

The College is deeply concerned with safety in the workplace. If you are unsure of the proper and safe way of using any piece of assigned equipment, you must contact your manager immediately. You should never use any piece of equipment in a way that you know or suspect may be unsafe. Likewise, you should immediately report any problems or damage to, or resulting from, a College-owned piece of equipment as well as the theft of the equipment.

You should take reasonable precautions to protect the equipment and comply with any applicable College policy regarding its use. You also should not use College-owned equipment for non-work related tasks, or allow non-employees to use the equipment. When the task has been completed for which the equipment was assigned, or at the time of your resignation or termination, you must promptly return all assigned College-owned equipment to your manager.

**It is Manager's responsibility to request return of equipment from an employee at the time of termination or resignation.**

Manager must immediately notify IT department of the employee resignation or termination, so the returned College-owned equipment can be properly inspected and the College Owned Equipment Return form can be filled and signed.

If Equipment wasn't returned or returned with damages or missing parts, HR department must be notified, so the payroll deductions could be made from the employee's pay. The College also reserves the right to pursue other legal and criminal methods, if warranted.

I, \_\_\_\_\_  
*(Last Name, First Name)*

acknowledge the foregoing terms of using College-owned equipment listed on page 2 of this agreement and agree to abide by its terms.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Manager/Supervisor Signature*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*IT Representative Signature*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

**A copy of this form must be kept on file within the department and HR.  
It is recommended that employee keeps the copy of the form for his/her record as well.**

