

Office Equipment Assignment Agreement

| | |
|---------------------------|--|
| Date Assigned | |
| Employee Name | |
| Department/Program | |
| Job Title | |

| Office Equipment Information | |
|--|--|
| Equipment | |
| Model/Serial Number | |
| YVEDDI Property ID # | |
| Additional Description | |
| Purchase Date/Cost of equipment | |

- I acknowledge that I have been assigned the equipment listed above for work use outside of the office location.
- I am assuming responsibility for the safety and security of this equipment. I will not add software or any other programs without the consent of my supervisor or the IT Department.
- I will be responsible for maintaining confidentiality of all data stored in the equipment or on flash drives. I will not allow anyone to use or play with this equipment while in my care.
- I will keep personal use to a minimum.
- I will not visit websites that are undesirable and that I would not want posted on the front page of the newspaper with my name attached.
- If the equipment is damaged, stolen or lost, I will be required to pay YVEDDI for the repair or replacement of the equipment. This includes broken screens, spilling something on the electronic device or any other damage caused by me not maintaining the device properly.
- I will not allow anyone to try and repair the equipment other than the YVEDDI IT Department.
- I will immediately notify my supervisor of any damage to or loss of the equipment
- I agree to return all Agency property to include accessories such as cords, chargers, bags etc. upon termination. If not, the cost of the item(s) will be deducted from the final paycheck.

By signing this Agreement, I acknowledge that I have received the office equipment described above in working order and I conform to the terms and conditions for the use of said equipment.

Employee Signature: _____

Supervisor Signature: _____

| Equipment Returned | | | |
|---------------------------|--|---|--|
| Date | | <input type="checkbox"/> Good Working Order <input type="checkbox"/> Damaged <input type="checkbox"/> Other _____ | |
| Employee Signature | | Supervisor Signature | |

