

APPROVAL FOR HOME OR OFF PROPERTY USE OF UNIVERSITY EQUIPMENT

Please complete form fully and return to Property Control Office, Power Plant. This form is not required for Laptops, Ipads, Tablets or E-Reads.

Chose one: New or Update

Employee Name: _____

Employee ID: _____

Home Phone: _____

Email: _____

Department: _____

Dept # _____

UMD Building/Room#: _____

Equipment Information: (Description, Mfg, Model) _____

Property Control Tag # (If Applicable): _____

Equipment Location during loan:

Street Address: _____

City: _____ State: _____ Zip: _____

Justification for Home Use:

I certify that the equipment will be used for University business. The equipment will be secured to prevent theft and password security will be used to prevent unauthorized access to University systems and data. The equipment will be returned to the University at the end of the loan term. I certify that I understand that in the event of damage, loss or theft, that I may be financially responsible for the replacement of equipment.

Employee Signature: _____

Date: _____

Dean/Dept Chair/Director: _____

Date: _____

Property Control: _____

Date: _____