

**PARK CITY SCHOOL DISTRICT
REQUEST TO USE SCHOOL DISTRICT EQUIPMENT OFF SITE – EMPLOYEES**

Name of Employee: _____

Work Location: _____ Date of Request: _____

Date equipment to be removed from work location: _____

Date equipment to be returned to work location: _____

Description of equipment (including inventory numbers):

Reason for removing equipment off site (planned use):

STATEMENT OF RESPONSIBILITY

I have reviewed PCSD Policy 5010 and accept responsibility for reimbursing the district if my apparent negligence results in the loss of or damage to equipment. I understand that school district equipment use is limited to activities directly related to my work responsibilities and may not be used for personal use, political activities, or other employment.

Employee Signature Date

APPROVALS

Building Administrator (short-term and long-term/summer) Date

Superintendent or designee (long-term/summer) Date

Date equipment returned: _____ Notes on condition: _____

Signature: _____

A copy of this form will be kept on file at the school or office.