

## Authorization for Off-Campus Business Use of Portable Equipment

Requested by: \_\_\_\_\_ Email \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Campus \_\_\_\_\_ Office location \_\_\_\_\_ Tel Ext: \_\_\_\_\_

Address of location where equipment will be used:

Telephone Number at the above location where you may be reached: \_\_\_\_\_

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1. Justification (business purpose of the College):

2. Period of use off-premises: \_\_\_\_\_

3. Equipment to be used: (list each device and include its SCCC number)

Device	SCCC Number

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Acknowledgement:

I understand that equipment is to be assigned to me for the purpose, period and location listed on this form and if approved, will only be used exclusively under these terms. I also understand that I must inform my supervisor should any information change, such as a change in address or phone number where I may be reached off-campus. I accept liability for any damages due to misuse. I have read the policy associated with this authorization and agree to abide by its terms.

Signed: \_\_\_\_\_

*(Requestor)*

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Authorization: (To be completed by the individual's supervisor)

I approve the above request for the term and purpose listed here, and have determined that the requestor is exempt under the Fair Labor Standards Act and that the use to be made of the equipment is for a college business purpose.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Dean/V.P.)*

Date Returned: \_\_\_\_\_ Signed: \_\_\_\_\_

*(Dean/V.P.)*

Each person signing should retain one copy, and one copy should be sent to Central Receiving

Approved 11/8/00 Executive Council