



# Canutillo Independent School District Asset Checkout Use Agreement

This agreement ("Agreement") is entered into between ("Employee/Student") and the Canutillo Independent School District ("CISD"): Employee/Student: \_\_\_\_\_ (If Student) ID Number: \_\_\_\_\_.  
Print Name

The asset identified below is the property of CISD. The employee/student agrees to, and shall, exercise reasonable care and judgment in preventing damage to and theft of the asset, and to use the asset daily for **instructional and administrative tasks**. The employee/student agrees to, and shall, sign the CISD Acceptable Use Policy (AUP) and abide by it.

**DURATION OF USE:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CISD Tag #	Description	Serial #	Current Value

**USE OF TECHNOLOGY EQUIPMENT (LAPTOP, I-PAD, TABLET, or OTHER):**

The purpose is to integrate technology application content into the core curriculum at the CISD Campus to which employee/student is currently assigned. If the employee/student transfers to another campus or leaves CISD, the asset shall remain at the CISD site. The asset will be assigned to another employee/student for use under the terms and conditions of this Agreement. CISD laptops have been loaded with Computrace and this software can trace the laptop in case of theft/loss. The Employee/Student agrees to, and shall, sign an Agreement substantially in the form of this Agreement **every year**.

The employee/student agrees to and shall:

- Not place any software or applications on technology equipment, unless approved by the School Resources Division.
- Certify to be personally responsible and accountable for loss/damage up to the replacement cost of the asset.
- Notify the CISD site Administrator immediately if the equipment is lost, stolen, or damaged. Complete a police report within 48 hours if the equipment is lost, stolen or damaged and provide the Campus Principal, Instructional Technology, Risk Management, and Financial Services with a copy of the police report.
- Physically bring equipment to campus designee yearly to verify serial number and condition of item.

**The Employee/Student agrees to, and shall, abide by all the terms and conditions of this Agreement.**

Campus/Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student and/or Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Services: \_\_\_\_\_ Date: \_\_\_\_\_

*(Financial Services approval is required for the check-out of Capital assets \$5,000 or greater ONLY)*

Provide a copy of this agreement to the employee/student; submit the original form to Financial Services