



# Flagler County Public Schools

*“We believe that we will become a world-class school system when we direct our varied resources-talents, dollars, and skills – in a manner which is consistent with our beliefs.”*

## Receipt and Agreement for Use of District Equipment – **EMPLOYEE USE**

I understand that the Flagler County Public School Board is loaning the following district-owned equipment to me at no charge for job-related purposes:

Equipment	Serial Number
	<b>FCSB Tag Number</b>

I understand that I am expected to take all reasonable care to protect the equipment from loss or damage. When the equipment is taken off school property, I understand it is my responsibility to keep the equipment secure at home. In the event of school-related travel, I understand that the equipment is to be kept with me at all times and/or placed with security personnel at my travel destination.

I agree to return the equipment to the district in the same condition as it was received. I understand that I will not be charged for any repairs that result from normal and ordinary use of the equipment. In the event the equipment is **lost, damaged, destroyed or stolen**, while I have the equipment off district premises, and if such loss, damage, destruction or theft is found to be through my negligence, I understand that I shall be liable to the Flagler County School District for:

- A. The cost of having the equipment repaired *or*
- B. The cost of replacing the equipment

Employee Name (**Please Print**) \_\_\_\_\_  
 My permanent assigned location is: (Center) \_\_\_\_\_ (Bldg.) \_\_\_\_\_ (Room) \_\_\_\_\_  
 Work # \_\_\_\_\_ Home # \_\_\_\_\_  
 Expected Length of Loan: \_\_\_\_\_  
 Reason for Loan: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Equipment Loan

\_\_\_\_\_  
Principal or Administrator's Signature

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
**Equipment Return** - Employee Signature

\_\_\_\_\_  
Date of Equipment Return

\_\_\_\_\_  
**Equipment Return** - Principal or Administrator's Signature

\_\_\_\_\_  
Date of Approval