

RECEIPT OF CAPITAL ASSET / ACKNOWLEDGEMENT OF RESPONSIBILITY

I have received the equipment listed below and I understand that I am now the custodian of this asset. I am accepting personal and financial responsibility if lost, damaged or stolen due to my negligence or failure to take reasonable care of the equipment. Taking reasonable care entails the following:

- Not leaving the equipment in an unlocked car or unlocked home.
- Not leaving the equipment unattended or unlocked while at school or elsewhere.
- Not lending the equipment to anyone.
- Not using the equipment in an unsafe environment.

If computer equipment, I agree not to install unauthorized copies of software and to adhere to software copyright infringement laws. I also agree not to use the item for personal or business purposes, but only for school related purposes.

Furthermore, I acknowledge that I cannot move the equipment or allow it to be moved without a transfer form being prepared by my school / department property manager and permission from my principal/administrator. I agree to report and document any change in status of the equipment I am accountable for. If stolen, I agree to immediately report such theft to my supervisor and have the appropriate parties obtain a properly executed police report. Theft as a result of my negligence is not a justifiable excuse.

If this or any asset which I am responsible for becomes missing from its assigned location, I will be liable for payment to the Lowndes County School district and possibly subject to disciplinary action.

I accept full responsibility for this asset.

Employee Name (printed) _____

Employee signature _____ Date _____

Type of asset _____

Serial Number _____

Manufacturer _____

School _____

Room _____