

HUMBOLDT STATE UNIVERSITY
Employee Property Home Use

Name: _____ Emp ID: _____
 Department: _____ Phone: _____

Item(s) Issued:

Condition of Item:

Description	Tag #	Serial #	Excel	Good	Fair	Poor
			lent			

Department Manager:

 Print Name _____ Signature _____ Date: _____

Asset Manager:

 Print Name _____ Signature _____ Date: _____

Item(s) Returned:

Condition of Item:

Description	Tag #	Serial #	Excel	Good	Fair	Poor
			lent			

Department Manager:

 Print Name _____ Signature _____ Date: _____

Asset Manager:

 Print Name _____ Signature _____ Date: _____

In accordance with State Administrative Manual Section 8643, I understand I may be charged for any loss and/or damage to State property due to my negligence and/or unauthorized use.

I accept responsibility for The California State University equipment listed above which has been issued to me. Equipment is to be used to conduct State business. I further agree and understand that the return of the equipment, in satisfactory condition, and the Property Manager's signature verifying its return is necessary before the issuance of my final paycheck.

Keep the Home Use Form with you whenever transporting equipment. You may be asked by Security to provide proof of permission to remove equipment from the premises.

 Employee's Signature Date

Distribution: Asset Manager (SBS 317) Department Manager
 Human Resources Employee