



Equipment Acceptance Form

Date: _____

Type/Model of Equipment: _____

Inventory Number: _____

Serial Number _____

Staff Name: _____

I understand that equipment, and/or accessories that MCLS has provided to me are the property of MCLS and must be returned at end of employment with MCLS. I agree to the terms outlined in the *Equipment, Internet, and Email Policy for Staff*.

I understand that I will report any damage, loss, or theft of equipment to the System Administrator or Administration. Additionally, I understand that I will not be held responsible for problems resulting from regular use; however, I understand that a violation of the terms and conditions set out in the *Equipment, Internet, and Email Policy for Staff* will result in the restriction and/or termination of my use of the equipment, and/or accessories and may result in further discipline up to and including termination of employment.

Condition of Equipment _____

Comments: (overall condition, scratches, dents, etc.)

Signature: _____ Date: _____