Home Use Permit

Authorization for Off Campus Use of CSUCI Equipment

A&IT Services
One University Drive
Camarillo, CA 93012
Phone (805) 437-8402
judy.frazier@csuci.edu

Recipient of Equipment: ☐ **Faculty** * ☐ **Staff** ☐ **Other** _____

Employee Name: _____ **Department:** _____

Employee's Building/Office Location: _____ **Office Phone:** _____

Equipment Description: _____

Serial Number: _____ **Asset Tag Number:** _____

I accept responsibility for the CSUCI equipment, listed above. I understand the following terms and conditions:

- **University equipment is to be used only to conduct University business.**
- **Any unauthorized use of the equipment is prohibited.**
- **Upon separation of employment, I agree to complete the established campus separation and clearance process and assume financial responsibility for any unreturned equipment.**
- **I am required to keep a copy of this form with me whenever transporting the equipment as I may be asked to provide proof of permission to remove it from the University.**
- **Contact Property Coordinator for any returns and/or exchanges of equipment.**
- **Information Technology Policies apply to all users of University computers, regardless of location. Policies can be read online or downloaded from http://www.csuci.edu/it/policy.htm. Pay special attention to policy on Confidentiality and Security.**

_____

Employee – Print Name **Signature** **Date**

_____

Supervisor – Print Name **Signature** **Date**

**** Supervisor of record for all faculty is the Dean/Assoc. Dean of Faculty***

Please keep a copy of this form with the laptop & return the original form to Judy Frazier in the A&IT Department.

For Property Coordinator Use Only:

Date Returned/Exchanged: _____

New Location and/or New Disposition: _____