

OFF-SITE BORROWED OF CAPITAL ASSET FORM

SCHOOL/DEPARTMENT _____

ADDRESS: _____

The following person has been authorized to use property of the City of Baker School System:

NAME OF BORROWER	POSITION	EMPLOYEE IDENTIFICATION NO.
BORROWER'S ADDRESS		BORROWER'S TELEPHONE NOS.
_____		Home: _____
_____		Cell: _____

Describe below the current status of the capital asset(s) being removed to a temporary site.

TAG NO.	DESCRIPTION	SERIAL NO.	MODEL NO.

A signature of the Department Head, School Principal or authorized personnel is required to release the capital asset(s) described above to be taken off-site.

Signature _____ Position: _____ Date: _____

CAPITAL ASSET OFF-SITE AGREEMENT

The item(s) above will be taken to the site mentioned above. The capital asset will be used for work and/or instructional purposes. I understand that while the item(s) is/are in my possession and off School Board property, I will be held responsible for repairs resulting from careless use. I will replace the item(s) if it cannot be repaired or if the item(s) is/are stolen.

Pursuant to R.S.17:1948 (I), the City of Baker Special Department will not replace or repair any sensitive technology devices provided by said department to a child with disability or a parent or guardian of a child with a disability, if such device is stolen, damaged, broken, destroyed, or otherwise misused while in the possession of the child, parents or guardian. This does not apply to replacement or repair of such a device which need repair or replacement as a result of ordinary wear.

Signature of Person Taking Capital Asset