



MEDICAID OFFICE

EMPLOYEE EQUIPMENT AGREEMENT

School/Department/Office

Date

Equipment Description

Make

Model

Serial No.

Value/Purchase

Asset Number

Date Purchased

Employee/Custodian's Name

Home Address

Work Telephone No.

Home Telephone No.

The undersigned employee acknowledges receipt of the above-described equipment in good condition and agrees the equipment is on loan from the Board of Education of Prince George's County for the benefit of the Board of Education of Prince George's County while performing my job. The undersigned acknowledges and agrees that care and security must be maintained to protect the above-described equipment.

It is agreed that at the request of my supervisor, the end of the school year, reassignment or in case of my termination, I will return the equipment. In case of theft, or damage, I will report it to the proper authority immediately and cooperate fully. I understand that I can be held responsible for the cost of repair or replacement resulting from my negligence.

Signature

Signature of issuing Supervisor