



Fairfield Public Schools

LOAN OF EQUIPMENT REQUEST FORM

EMPLOYEE'S
COMPLETES

Name _____

School/Dept. _____ Position _____

School/Dept. Phone _____ Home Phone _____

Home Address _____

Date Requested _____ Date of Return _____

Make/Model/Description _____

Purpose of Loan _____

ADMINISTRATOR'S
COMPLETES

Revisions/Restrictions (if any) _____

Date Approved _____

Authorized by (print name) _____

Authorized by (signature) _____

SIGN OUT

Make/Model/Serial Number _____

Accessories _____

Date Loaned _____ Date Due _____

I have read, and agree to, the *Administrative Regulations on Lending Fairfield Public School-Owned Equipment* as stated on the other side of this page.

Employee Signature _____

School Administrator or Designee _____

RETURN

Make/Model/Serial Number _____

Date Equipment Returned in Good Condition _____

Comments _____

Received by (print name) _____

Received by (signature) _____