Employee use of a laptop computer or other equipment at an off-site location may be approved with the understanding that:

- The equipment remains the property of Indiana University and can be recalled by the university at any time.
- Inappropriate use of the equipment or privilege may result in recall of the equipment.
- If the employee leaves the employment of the university, the equipment is to be returned prior to the employee's last day.
- It is the responsibility of the employee to package and transport equipment on loan in a reasonable and responsible fashion, and, in the event of a recall, to facilitate its return to the proper university department.
- In the event the laptop computer or other equipment which the employee receives is lost, stolen, damaged, broken or non-functioning beyond reasonable repair, the employee must contact their department for instructions. Unusable equipment must be returned to the university for inspection, storage or disposal.
- The employee is responsible for maintaining university policies related to operating system security and sensitive data storage. Please review these documents:
  - Security: [http://itso.iu.edu/Protecting_Your_Laptop_Computer](http://itso.iu.edu/Protecting_Your_Laptop_Computer)
  - Risk Management: [http://rmweb.indiana.edu/orm/SiteMap2.cfm?todo=deductibles](http://rmweb.indiana.edu/orm/SiteMap2.cfm?todo=deductibles)

Requested Equipment (describe here and attach EPIC purchase receipt):

- Type: 
- S/N ________________________________   Model #: 

I agree that the list of items on the attached spreadsheet is inclusive of all Indiana University property being used by employee off-site.

I understand and agree with the above conditions for removing and using office equipment off-site.

Employee:

_________________________________  ____________________________     __________
Signature                                                      Print Name                                            Date

Fiscal Officer Approval:

_________________________________  ____________________________     __________
Signature                                                      Print Name                                            Date

Department Head Approval:

_________________________________  ____________________________     __________
Signature                                                      Print Name                                            Date