**Department Equipment Inventory Form and Agreement  
(For Off-Campus or Facility Work Location Use)**

Employee Name (please print):

Employee ID: Department /Unit:

Agreement Dates - Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:

Supervisor Name (please print):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Removed** | **Date Returned** | **Description of Property** | **Model/Serial #** | **Property #** | **Quantity** | **Value** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

**TOTAL VALUE: $ \_\_\_\_\_\_\_\_\_\_\_**

Kansas State University (“University”) grants permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take and use the University Property away from the University campus or facility work location, subject to the following terms: See [PPM Chapter 6510 Property Inventory](https://www.k-state.edu/policies/ppm/6500/6510.html) for more information.

(1) The property is to be used for University purposes only and not for the employee's own or another's personal uses or gain;

(2) Use of or taking property off campus shall not interfere with or inhibit the day-to-day office, instruction, laboratory or other functions being performed on campus;

(3) User will use ordinary care in handling and safekeeping of the property, will not permit any other persons to possess, obtain or maintain the property, and the property will be returned to the University in satisfactory condition, which means in as good a condition as it was when provided to the User, less any reasonable wear and tear;

(4) Any damage, loss, or liability resulting from User’s failure to use such ordinary care is the sole responsibility of User, and to the extent due to such failure, User will be responsible for repair and/or replacement costs of any property not returned in satisfactory condition;

(5) User will promptly report any damage or loss of the property to the University, and will not make any repairs, restorations, or otherwise alter the property, without the prior, written consent of the University;

(6) If User will not be using the property or otherwise will be or is absent or away from the property for an extended period of time, User shall make arrangements for the return of the property to campus prior to such time;

(7) The University may recall the property immediately for any reason, and upon such recall User must immediately return the property;

(8) Upon determination by the University of damage, loss, or liability to the University property, then upon notice and explanation, the University may withhold, deduct, or divert any portion of the User’s wages for the fair market value of or the cost of repair or replacement of the property, as determined by the University.

(9) The University’s remedies stated herein are not exclusive, and the University may pursue any other remedies provided at law, equity, or otherwise.

In the event where my Remote Work Agreement ends or in the event of my voluntary or involuntary termination from the University, I hereby agree that any equipment allocated to me in order to perform my job responsibilities under a KSU Remote Work Agreement will be returned to the University. If the equipment is not returned, I agree the value of equipment can be withheld from the next or final paycheck from KSU.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Cabinet Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_