This completed and signed form documents the off-campus use of the following property:

<table>
<thead>
<tr>
<th>Description</th>
<th>Serial Number</th>
<th>SJRSC Tag Number</th>
<th>Expected Return Date*</th>
</tr>
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<tbody>
<tr>
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</table>

*Off-Campus Use is only valid for one year and must be renewed each year.

**Off-Campus Use of College Property:** College owned equipment is primarily intended for use at the designated work place on campus. At times, certain circumstances will warrant the use of this equipment at other locations that are directly related to one’s job duties. A department’s Vice President is the approval authority for all off-campus use of equipment. A copy of the approved off-campus use form will be filed with the department and administrative property custodian citing the property’s location and the original sent to the college property manager to update the inventory records.

**As the Property End User, I am responsible for the following:**

- Ensuring the described equipment is used for approved college purposes.
- Proper safekeeping of the listed equipment.
- Make certain equipment is accessible at all times for audit/inventory purposes.
- Timely reporting to the Department Head, College Security and the Property Manager of any checked out property item that is lost or stolen within 24 hours of discovery.

I, ____________________________, agree to the statements above, and understand that I will be financially responsible for the listed equipment if any or all items are not returned, or are damaged; unless the loss or damage was caused by theft by a third party, accident or otherwise during reasonable use and/or through no fault of my own.

____________________________________________  ______________________________
Signature of Borrower                                Date

____________________________________________  ______________________________
Signature of Functional Property Custodian            Date

____________________________________________  ______________________________
Signature of Supervisor                                Date

____________________________________________  ______________________________
Signature of Vice President                            Date

**Return Information** (Completed after the item is returned)

Received by: ____________________________________________  ______________________________
Property returned in satisfactory condition?  □ Yes;  □ No
If no, please explain ____________________________________________

Attachment (3)