

	NORTHERN ARIZONA UNIVERSITY Contracting and Purchasing Services HOME USE OF UNIVERSITY EQUIPMENT 928-523-6206	RETURN TO: NAU-PropertyAdmin@nau.edu NAU Box 5629 Revised 2/29/2016
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Employee Information

Employee Name:	Title:
Department Name:	Phone Number:
Signature:	Date:

By signing above, I certify that equipment will be used exclusively for University business; the equipment will be secured to prevent theft, and password security will be used to prevent unauthorized access to University systems and data; the equipment will be returned to the University at the end date specified below, and I understand that my homeowner's insurance is the primary coverage for damage, theft, or loss and that State Risk Management is secondary coverage.

Equipment Information

CHOOSE ONE: New Home Use Renewal Home Use

HOME USE TERM is **ONE (1) year maximum. User must renew annually.**

START DATE: Month: Year: **END DATE:** Month: Year:

If home use is to be extended, a new form must be submitted to Property Administration.

PROPERTY CONTROL #	DESCRIPTION OF EQUIPMENT	SERIAL #	CONDITION

Equipment Offsite Location

Address: _____ City: _____ State: _____

Justification for Home Use of University Equipment

Approval Authorization (Dean, Chair, Director, or Department Head)

Name:	Title:
Signature:	Date:

Complete this form in its entirety and obtain the appropriate signatures before returning to Property Administration.

Equipment Return

Fill out and submit the following section **after** the equipment has been returned to NAU:

PROPERTY CONTROL #	DESCRIPTION OF EQUIPMENT	BUILDING #	ROOM #	DATE OF RETURN