AUTHORIZATION TO USE UNIVERSITY PROPERTY AT AN OFF-CAMPUS LOCATION

**TERMS OF LOAN:** The property described below is loaned to the user named below for the mutual benefit of the user and the University, and is to be used primarily for official University business. Said property is subject to return at the end of the authorization period noted below. The University will not pay any transportation charges in connection with this authorization.

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| Department Name: | |
| Department Head: | Employee Name: |
| Supervisor Name: | Employee Phone Number: |
| Location of Equipment (Address, City, State, Zip): | |

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| UC Property No. (If applicable) | Equipment Serial Number. | Description  Including all component parts (Make, model, etc.) | Cost/Value | Condition  of Equipment |
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☐Equipment. I agree that this equipment is to be used primarily for official University business, and that any personal use of the equipment will be incidental in nature. I agree to reimburse my department for any personal use of this equipment that results in noticeable incremental costs to the University and will exercise appropriate care and caution when using the equipment, in accordance with the policy and procedures set forth in Business and Finance Bulletin G-46, Guidelines for the Purchase and Use of Cellular Phones and Other Portable Electronic Resources (attached). In addition, I understand that all records related to the purchase, use, and disposition of this University-owned equipment, including cell phone statements, are the property of the University and potentially subject to disclosure under the California Public Records Act.   
I further understand that I am responsible for safeguarding the equipment, including any data on the equipment, and controlling its use in accordance with BFB G-46. If the University determines that there is no longer a business need for me to possess any of the listed equipment, or I should separate from or no longer in service to the University, I agree to return all equipment within seven (7) business days from my last day of service.

☐Services. I agree that this service is to be used primarily for official University business, and that any personal use of the service will be incidental in nature. I agree to reimburse my department for any personal use of this service that results in noticeable incremental costs to the University, in accordance with the policy and procedures set forth in Business and Finance Bulletin G-46. In addition, I understand that all records related to the purchase and use of this University-provided service, are the property of the University and potentially subject to disclosure under the California Public Records Act.   
I further understand that if the University determines there is no longer a significant business need for me to utilize this service, the University will discontinue its funding of the service. Likewise, if I separate from University employment or am no longer in service to the University, the service will no longer be paid for or reimbursed by the University.

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| **Employee Name:** | **Employee Signature:** |
| **Supervisor Name:** | **Supervisor Signature:** |
| **Date:** | **Date:** |