



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
BONNIE BROWN, *SUPERINTENDENT*

STANDARD OPERATING PROCEDURES

Educational Vision Services

INVENTORY

NEW YORK CITY **REQUEST FOR OFF-SITE**

PUBLIC SCHOOLS **EQUIPMENT/SOFTWARE UTILIZATION (EMPLOYEE)**

(REV 6/01) *PRINT LEGIBLY EXCEPT FOR SIGNATURES*

EVS Employee: Complete sections indicated by arrows.

EQUIPMENT/SOFTWARE INFORMATION CURRENT SITE INFORMATION

➤ ITEM DESCRIPTION:

CURRENT SCHOOL/OFFICE/SITE ADDRESS:

Educational Vision Services, 400 First Avenue, New York, NY 10010

➤ MODEL NUMBER: _____

➤ SERIAL NUMBER: _____

➤ CONDITION OF EQUIPMENT: _____

➤ NAME OF EMPLOYEE WHO WILL USE EQUIPMENT/SOFTWARE OFF-SITE:

➤ REASON FOR OFF-SITE EQUIPMENT USE: _____

➤ ADDRESS OF PROPOSED OFF-SITE LOCATION (Employee's home address):

➤ DATE OF EQUIPMENT/SOFTWARE TRANSFER TO THE HOME: _____

EXPECTED DATE OF EQUIPMENT/SOFTWARE RETURN TO SITE: **June** _____



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Borrower's Agreement

"I agree to be responsible for the designated equipment/software item while it is in my possession and to return it by the above indicated date. If the item is lost, stolen, destroyed or otherwise rendered inoperative while in my possession. I agree to reimburse the Board of Education for the item at replacement value. If the item is damaged, I agree to pay for its repair."

➤ _____

SIGNATURE OF EMPLOYEE REQUESTING OFF-SITE USE OF THE ABOVE EQUIPMENT/SOFTWARE

Approval Signatures

PRINCIPAL/SUPERVISOR/SITE ADMINISTRATOR/OFFICE HEAD SIGNATURE /EXECUTIVE DIRECTOR SIGNATURE

Certification of Equipment Return

Date of Equipment Return _____

____ I have inspected the returned equipment and verify it to be the same equipment as described above and have found it to be in the same condition as indicated above.

____ Equipment was not returned in the same condition as when it left the site as described above. (Please explain below.)

DIRECTOR'S SIGNATURE

PLEASE RETURN TO:

Educational Vision Services

400 First Avenue

New York, NY 10010

DATE OF ISSUE: JUNE '01