

SSS Laptop Check-In with Information Technology Form

Employee Name: _____ Date: _____

Employee ID number: _____ Summer phone number: _____

Primary Location (2013/2014): _____

Secondary Location (For 2013/2014 if applicable): _____

Provider Type (i.e. Mental Health, SLP, etc.): _____

If you will NOT return to the district next year, please place an "X" here: _____

Equipment Information

School District Tag Number (Large tag on bottom starts with "00"): _____

Adams 12 Destiny Tag number (smaller tag on bottom starts with "400"): _____

Dell Service Tag Number: _____

I have saved my important* documents and/or files to my H: drive Yes No

**photos, videos and music should not be saved to your H: drive*

I understand that any documents and/or files not saved to my H: drive will be lost and cannot be recovered. _____(initial)

District software to be re-Installed: (Warning: any district software programs not listed below will disappear after reimaging).

____ BASC ____ Vineland ____ Boardmaker

____ Other (be specific): _____

Inventory

____ Laptop Case ____ Mouse ____ Power Cord ____ External Drive

____ Other (indicate additional contents) _____

I understand that IT is not responsible for any programs, documents or files that may be lost due to reimaging.

Employee Signature: _____ Date _____

Heat Ticket # _____ (Office Use Only)

Employee Pick Up Signature: _____ Date Picked Up: _____