

**APPROPRIATE USE OF MOBILE DEVICE BY EMPLOYEES
SIGNATURE FORM**

Sign-out Date: _____ Device Type: _____

Serial Number: _____ Peripherals Returned: _____

Device in acceptable condition upon release: _____
(Signature of APS staff member distributing device)

Device in acceptable condition upon release: _____
(Signature of APS staff member receiving device)

Special comments regarding release condition: _____

Assignee's Name (please print): _____

Assignee's Signature: _____

School/Department: _____

Assignee may take device home for use (circle one) YES NO

Principal/Director Signature: _____

Expected date of return: _____ Actual return date: _____

Device returned in acceptable condition: _____
(Signature of APS staff member returning device)

Device returned in acceptable condition: _____
(Signature of IT staff member receiving returned device)