

# REQUEST AND APPROVAL FOR OFF-SITE USE OF GOVERNMENT EQUIPMENT

## SECTION I

1. NAME OF EMPLOYEE (Last, First, Middle) (Please Print)		2. OFFICE SYMBOL
3. OFFICE TELEPHONE NUMBER		4. NUMBER OF DAYS
a. COMMERCIAL	b. DSN	

7. FOR LAPTOPS AND DESKTOPS, LIST ITEMS TO BE BORROWED:						8. ACCESSORIES (Specify quantity of each item: i.e., (4) cables, (1) battery, (2) connectors, etc.)	
EQUIPMENT	MAKE/MODEL	SERIAL NUMBER	BARCODE	SOFTWARE/VERSION	DATE RETURNED		

## SECTION II

**I will comply with the agency directives regarding security, fire control and all applicable regulations regarding the safety of U.S. Government Documents and Equipment.**

**I further understand that the U.S. Government is absolved of all responsibility for any damages sustained by me as a result of processing job-related work on/off site, while using my government-owned PC.**

**I understand that the equipment should be brought in when directed, at least annually.**

**I UNDERSTAND THAT NO CLASSIFIED INFORMATION WILL BE PROCESSED ON THIS SYSTEM.**

a. EMPLOYEE'S SIGNATURE	b. DATE
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## SECTION III

10. APPROVAL/DISAPPROVAL OF DIVISION CHIEF			
a. <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	b. NAME (Last, First, Middle Initial) (Print)	c. SIGNATURE	d. DATE
11. TERMINAL AREA SECURITY OFFICER (TASO) / IT SUPPORT STAFF		b. SIGNATURE	c. DATE
a. NAME (Last, First, Middle Initial) (Print)			