California State University
Northridge

ASSET MANAGEMENT

Off-Campus Home User Permit

EMPLOYEE: _____ DEPARTMENT: _____ EXTENSION: _____

HOME ADDRESS: _____CITY/STATE/ZIP CODE: _____ PHONE:_____

TAG #	SERIAL #	DESCRIPTION	DATE REMOVED	DATE RETURNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Should the employee terminate employment from the University (or move to a different University department), the **employee must return the equipment to the department** that authorized home use.
2. Asset Management may request that the authorizing department re-certify the existence and use of the equipment in connection with its annual survey of University equipment.

SIGNATURE OF EMPLOYEE: _____ ***DATE:*** _____

SIGNATURE OF DEAN/DIRECTOR/VP: _____ ***DATE:*** _____

AUTHORIZED SIGNATURE (Dept Head): _____ ***DATE:*** _____

Please provide copies for the Employee, Department Head, Dean, and Asset Management, Mail Drop 8209.