

Coastal Protection and Restoration Authority Home Storage Equipment Request Form Section I

Employee Name/Home Address:	Division/Job Classification:	Work Phone Number:
		Home Phone Number:
Description of Item & State Property Tag Number (Blue/Red/White Colored Tag) :		

Section II

Employee's Justification: (This section should indicate the reason/need for employee to have this equipment)

Section III

Agency Justification: (This section should indicate the reason/need to have this equipment stored at an employee's home and how long it will be needed.)
Per the State Auditor, all laptops assigned to employees and laptops leaving the building at any time, must be assigned as home storage. Employee will keep equipment until they are no longer employed with the agency.

Section IV

I certify that this equipment will be used for official state business in accordance with state law. It will not be used for personal business. I assume responsibility for the above referenced equipment if it is lost, stolen, damaged or destroyed due to my neglect.

Employee Signature:	Date:
Approved by Immediate Supervisor: (signature)	Date:
Approved by Executive Director: (signature)	Date:
Verified by Section Property Control Liaison: (Signature)	Date:

Section V

To be completed by CPRA Property Manager or designee or Section Property Control Liaison.

Description of item issued:	Serial Number:	State Tag Number		
Date Issued:	Issued by:	Anticipated Return Date: *	Date of Return:	Received by:

*Date returned should not exceed one calendar year from date of issuance.

PLEASE NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH PIECE OF EQUIPMENT & THE ORIGINAL OF THIS FORM MUST BE FORWARDED TO CPRA'S PROPERTY CONTROL MANAGER.