



**SAM HOUSTON STATE UNIVERSITY
PROPERTY OFFICE
REQUEST TO REMOVE EQUIPMENT FROM CAMPUS**

Form RA-22
Revised May 2018

DEPARTMENT NAME: _____

ORGANIZATION NO: _____

I, the undersigned, request authority to remove Sam Houston State University property for purposes of performing official business of the University relating to my duties as an employee. I understand that I am accepting responsibility for information security for data stored on any computer or technological related equipment lost or stolen. In accepting responsibility, I agree to notify Information Technology if there is a possibility for sensitive information being compromised. I will immediately report to the appropriate local law enforcement official and University Police Department when theft occurs. I understand that I assume pecuniary responsibility for this equipment and I shall be pecuniary liable to the State for the loss thus sustained by the State.

***When equipment is returned, send a copy of this form with return date and Original Requester's and/or Department Head's signature to the Property Office.**

SHSU TAG #	DESCRIPTION	SERIAL #	VALUE	RETURNED		
				Date (mm/dd/yy)	Client (initial)	Asset Mgr. (initial)

I certify that the equipment will be taken to and remain at: (Home Address) _____

PRINTED NAME OF REQUESTER _____ SAM ID OF REQUESTER _____ PHONE NUMBER OF REQUESTER _____

SIGNATURE OF REQUESTER _____

_____ DATE SIGNED

DEPARTMENT OF REQUESTER _____

ORGANIZATION NUMBER _____

NOTE: If Department Head is the Requester, signature of Immediate Supervisor is required below.

SIGNATURE OF DEPARTMENT HEAD/ IMMEDIATE SUPERVISOR (See Note Above) _____

DATE SIGNED _____

SIGNATURE OF OWNER OF PROPERTY _____

DATE SIGNED _____

SIGNATURE OF PROPERTY COORDINATOR _____

DATE SIGNED _____

NOTE: If this equipment is loaned to another Agency, this form requires the President's or Agency Head's approval of both Agencies.

SIGNATURE OF PRESIDENT – SAM HOUSTON STATE UNIVERSITY (Lending Agency) _____

DATE SIGNED _____

SIGNATURE OF PRESIDENT/AGENCY HEAD (Receiving Agency) _____

DATE SIGNED _____

* SIGNATURE OF DEPARTMENT HEAD/IMMEDIATE SUPERVISOR _____

*DATE ITEM(S) RETURNED _____