Equipment Reuse Program
Agreement & Reservation Form

The Equipment Reuse Program redeployed-used office equipment to campus and health employees who need them for business purposes, either on campus or at home. This service is provided for free by the Office of Sustainability, and all equipment is supplied through IT and Facilities Services.

Instructions
1. Review the Terms of Agreement below.
2. Review our available equipment. This inventory is updated as needed.
3. To reserve equipment, list your requested items and complete all signatures. Send to Rowena.Eng@ucsf.edu. If we no longer have your requested item, we will add you to the waitlist.
4. Confirm the next pickup date and location. You may designate someone else to pick up the items on your behalf.

Terms of Agreement
1. The Department and Recipient understand that the equipment is the property of UCSF and should only be used for UCSF business purposes.
2. The Department and Recipient understand that they will be responsible for maintaining and securing the reused equipment, in addition to using it in a manner consistent with Campus Office Ergonomics.
3. The Department and Recipient understand that UCSF IT might not support certain models of reused equipment.
4. The Department and Recipient will take responsibility for properly disposing the equipment through the UCSF Recycling Program at the end of its life.
5. The Recipient agrees to return equipment to the Department upon separation from UCSF employment.
6. The Office of Sustainability, or any UCSF entity, is not liable for any damages or issues.

Equipment Request

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Quantity</th>
<th>Indicate Your Intended Usage: (Campus or Home Office)</th>
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I understand the terms of agreement and agree to abide to the terms stated above:

Recipient is (select one): Employee________ or Student________

Recipient’s Department (or School if student): ____________________________

_________________________________________   _____________________________   ________________
Recipient Name     Recipient Signature    Date

_________________________________________   _____________________________   ________________
Department Approver Name   Department Approver Signature   Date