

**CABINET FOR HEALTH AND FAMILY SERVICES
EMPLOYEE IT/COMPUTER DEVICE AGREEMENT**

By signing below, the responsible employee acknowledges that:

- they **will be responsible for the** IT equipment (laptop, computer, etc.) that has been ordered/transferred for their use.
- they **have received**, read and agreed to abide by the terms of the Cabinet's IT Policy;
- they **will be personally responsible** for the damage or abuse of the equipment;
- they are a employee working either **part-time or full-time** directly with the Cabinet for Health and Family Services;
- they will **immediately** contact the police if they believe the IT equipment is lost or stolen within 48 hours of theft or loss.

Date Assigned: _____ Date to Return: _____

Assigned Person's Phone: _____

Assigned Person's Signature: _____

Type of IT Equipment loaned: _____

Identifying Serial Number, Model, etc. of IT Equipment:

CHFS Location to Return IT Equipment: _____

CHFS Contact Person & Number: _____