



University of Michigan-Flint

Request for Removal and Use of University Equipment

In accordance with U-M policy, including SPG 520.01, employees must receive authorization to remove UM-Flint equipment from University offices and buildings. Equipment includes, but is not limited to - computers, monitors, office furniture, etc. All equipment removed and used remotely must be for business use only.

Process:

This authorization must be received from the Department Lead, Director or Dean (for academic units) who is of higher administrative authority than the requestor. When properly completed, this form authorizes the removal and use of equipment as specified below.

Employee Responsibility -

- Request authorization to remove and use University equipment prior to removing equipment from the campus. Use the form below.
- Notify the Department Lead immediately if the equipment has been damaged, lost or stolen.
- Return University equipment consistent with the request to do so by the Department Lead or at the time of separation from service, whichever comes first.

Department Responsibility -

- Complete form to authorize Employee to remove University equipment.
- Keep a copy of the completed form for department reference.
- Notify the Employee of the need to return property when need arises.
- Send a copy of the completed form to the Employee and to the individual in charge of reconciliation of budget for your area.
- Monitor the receipt of return of the equipment.
- Notify Property Control when capital equipment is removed, when it is returned, and if any equipment has been damaged, lost, or stolen. In the case of stolen equipment, DPS should be notified.

Equipment to be removed:	
Serial Number:	
Model Number:	
Equipment Tag # (if tagged)	
Location of Equipment being removed from:	
Equipment use/need for use/removal from campus:	

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Please add more boxes to match the number of equipment items you are requesting to be removed.

Equipment Use - Length of time:

Period: <i>(Not to exceed two years)</i> From:	To:
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Agreement by employee:

I hereby request authorization to remove the equipment as specified above exclusively for business use. I agree that the equipment is my full responsibility and that I will provide reasonable care and security and return by the stated date.

Name:	Date:
UMID:	Title:
Department:	Signature:

Authorization to Remove and Use Equipment:

This request is hereby approved in accordance with Standard Practice Guide Section #520.1.

Name:	Date:
UMID:	Title:
Department:	Signature:

Equipment Return:

I hereby acknowledge the return of the above described equipment in satisfactory condition

Name:	Date:
UMID:	Title:
Department:	Signature:

If any of the equipment to be removed is valued at \$5000 or greater, please return a copy of this form to property.control@umich.edu.

June 24, 2020