|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wachter Equipment Checkout Agreement** | | | | | | | | | | |
|  | |  | |  | |  |  | |  | |
| Asset Tag ID | | Type | | Make | | Model | Serial Number/IMEI | | | Replacement Value |
|  | | **tablet** | | **Samsung** | |  | 351026516089000 | | | **$300.00** |
| **Accessories** | | | | | | | | | | |
| **Protective Case** | | **X** | |  | |  |  | | | **$40.00** |
| **Wall & Car Charger** | | **X** | |  | |  |  | | | **$40.00** |
| **Charging Cable** | | **X** | |  | |  |  | | | **$20.00** |
| By my signature below, I acknowledge that I have been assigned the above listed equipment and agree to take full responsibility for its use and care. I understand that Wachter Inc. may hold me financially responsible, based on the replacement value listed above, for any equipment or accessories I do not return, return in less than satisfactory condition, or return inoperable due to negligence. I also understand that Wachter Inc. may take any and all legal means necessary, including deduction(s) from my paycheck(s), to attain financial compensation in the event I fail to comply with this agreement. I understand that I must have prior approval from management before relinquishing any of the above equipment to another Wachter Inc. employee, and that I will maintain full responsibility for said equipment until the new user has signed and returned the required Wachter Equipment Checkout Agreement to the proper administrator. Furthermore, for assigned equipment that includes internet access, I understand that this service is for business use only and agree to comply with the monthly data usage cap of \_\_5\_\_GB per month. I acknowledge and understand that personal use of internet access such as watching movies, accessing TV shows or any other usage involving streaming video will result in excessive data usage and that Wachter Inc. may hold me financially responsible for any overage charges resulting from such use.  ***Wireless Access Phone Number \_\_4794355168\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***(to be provided by Cell Phone Administrator)*** | | | | | | | | | | |
|  | | | | | | | | | | |
| Employee Name (Print): | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: / /2024 | |
| Signature:   Email: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | | | | |
| **\*\*\* OFFICE USE ONLY \*\*\*** | | | | | | | | | | |
| **DEPT:** |  | | | | **JOB OR OH AND PHASE:** | | |  | | |

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| --- | --- | --- | --- |
| **ITEMS NOT RETURNED/DAMAGED:** | | **COST** | |
|  | |  | |
|  | |  | |
|  | |  | |
| **EMPLOYEE NAME (print):** |  | **DATE:** | |
| **EMPLOYEE SIGNATURE:** |  | | |
|  |  | | |
| **MANAGEMENT SIGNATURE:** |  | |  |
| (Sign) | | Date |