



ALTERNATE WORK LOCATION - INVENTORY OF EQUIPMENT

Name of Employee: _____

Department/Unit: _____

TYPE OF EQUIPMENT	SERIAL NUMBER	QUANTITY

STATEMENT OF AGREEMENT:

- This equipment will be maintained in a safe, secure, and orderly manner.
- This equipment will be used in accordance with Texas A&M University System Policies and Regulations, as well as Texas A&M AgriLife Rules and Procedures.
- The supervisor/department head/unit head or designee may visit the alternate work location with reasonable notice to ensure that this equipment is being maintained in a safe, secure, and orderly manner.
- The employee is responsible for any loss or damage to the above-referenced Texas A&M AgriLife equipment, except that which occurs through normal wear and tear.
- The employee will immediately return all Texas A&M AgriLife equipment, supplies, etc., upon the request of the department or upon the termination or expiration of the Alternate Work Location Agreement.

I certify the equipment listed above has been issued to me by Texas A&M AgriLife and received in good working condition. I have read, understand, and will comply with all of the terms and conditions listed on the Statement of Agreement on this Inventory of Equipment form.

Signature of employee: _____ Date: _____

I have reviewed this Inventory of Equipment form with the employee referenced above and will hold the employee accountable to the terms and conditions of this agreement.

Signature of supervisor: _____ Date: _____