

Boston Public Schools Laptop Return Form

Campbell Resource Center

Drop-off hours: 8am-1pm

617-635-8299



(To be completed by Administrator/Manager upon return of equipment.)

The laptop listed below was returned to the Boston Public Schools on _____ (Date). The laptop was returned in an acceptable condition and all terms of this agreement have been fulfilled. The Office of Information & Instructional Technology will be notified of the return of this equipment.

Product	Model	Serial #	Asset Tag #
<input type="checkbox"/> Laptop	MacBook		
<input type="checkbox"/> Laptop case	Brenthaven Sleeve		
<input type="checkbox"/> Cables, Remote & Lockdown	Kensington Lock	Lock Combo: _____	

Employees: Please check the appropriate box:

- The laptop is being returned because I am no longer an active, full-time eligible employee of the Boston Public Schools.
Reason (optional): _____
- The laptop is being returned for registration and software updates (OIIT is not responsible for any data or software loaded on the machine and does not guarantee the return of this machine upon redeployment).
- I received a laptop because I was a TST for the current school year; however, I am not an active, full-time eligible employee and I do not plan to apply for the position as the TST for the following school year.
- I am leaving the classroom to assume an administrative position other than Principal –Headmaster in which this position is not an eligible position to receive a laptop.
- I no longer want the responsibility of this machine. Please complete an L4L Opt-Out form.
- Other: _____

I understand that if upon receipt it is found that this machine is not in good working condition, an investigation will be launched to determine if it is a result of the employee's failure to comply with OIIT's laptop security guidelines for Laptops for Learning, or because of the employee's intentional act, the employee assumes full financial responsibility for the assessed equipment per the Laptop Use Agreement. For other instances of loss or accidental damage, employees will be responsible for a lesser fee.

User Name (print): _____

Contact phone #: _____

Signature: _____

Date: _____

RC Manager/OIIT Rep(print): _____

School/Dept: _____

Signature: _____

Date: _____

FOR OFFICE OF INSTRUCTIONAL & INFORMATION TECHNOLOGY USE ONLY

Received by: _____	Date: / /	OIIT Location:	<input type="checkbox"/> Campbell
Laptop Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Damaged	<input type="checkbox"/> Court St	<input type="checkbox"/> Madison
All items Received:	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Please Note Item Condition: G- Good, F-Fair, D-Damaged, M-Missing	Lock Combo: _____	<input type="checkbox"/> Reset to 0000
	<input type="checkbox"/> Power Adapter ____ <input type="checkbox"/> Remote ____	Add'l Comments:	
	<input type="checkbox"/> Extension Cord ____ <input type="checkbox"/> Case ____		
	<input type="checkbox"/> Plug Head ____ <input type="checkbox"/> Lockdown ____		