OFF-CAMPUS EQUIPMENT

PURPOSE

To establish a policy governing the removal from premises of University-owned equipment for off-campus use.

POLICY

1. Removal of additional equipment for off-campus use will not be allowed, unless purchased with professional development funds or professional development funds combined with personal funds.

2. No exchanges or upgrading will be allowed for existing off-campus equipment.

3. All off-campus, University-owned equipment must be returned to the Information Technology Department (IT) upon end of University employment.

4. Each year, during the month of May, permission to continue off-campus use of University-owned equipment must be renewed. The employee’s Chief Administrative Officer (CAO) must sign a renewal form each year.

5. Duplicate off-campus equipment is not permitted and duplicate items must be returned to the IT Dept. (e.g., multiple PC’s in the off-campus possession of a single employee).

6. When a new PC is deployed to an employee’s work area, as a function of the University’s life cycle PC replacement program, the entire old PC system must be returned to IT.

7. The University reserves the right to recall any off-campus equipment, purchased through any funding source, should the need arise.

8. At the discretion of the President, exceptions to this policy may be granted.

REVIEW

This document will be reviewed annually by the Chief Information Officer.
ATTACHMENT

The following form should be used as described in Item #4 of the Policy:

OFF-CAMPUS EQUIPMENT REQUEST/RENEWAL

In accordance with Policy #0075 "OFF-CAMPUS EQUIPMENT", I am requesting authorization to remove from the University premises the equipment described below:

Employee name: __________________________   Department: ______________________________

Off-campus location of equipment: ______________________________________________________

Description of equipment: _____________________________________________________________

Serial number: ____________________________   Barcode (or WSC number): _________________

Reason for request: _________________________________________________________________

__________________________________________________________________________________

I have read and understand Policy #0075 “OFF-CAMPUS EQUIPMENT” and agree that the equipment described above will remain the property of Westfield State University.

Employee signature: _______________________________________ Date: _______________

I approve the removal from University premises of the equipment described above.

Chief Administrative Officer: _________________________________ Date: _______________