



UCLA Equipment Removal Request

Telecommute During COVID-19

In order to support and encourage a safe working environment, UCLA approves the undersigned employee to temporarily remove certain university owned office equipment identified in the list below for the temporary conduct of UC business from their home or place of residence in accordance with UCLA’s remote work guidance during the COVID-19 crisis. The requestor acknowledges that the equipment will be returned upon resumption of on-site operations and/or when asked to do so. UCLA is not responsible for any incidental damage to the equipment and/or requestor’s home/remote work location while the equipment is in the employee’s possession.

Requestor’s Contact Information:

Name _____ Email _____

Personal Phone _____ Business Phone _____

Remote Address _____

City _____ State _____ Zip _____

Department _____

Campus Address _____

Supervisor _____

Items Requested:

Equipment Type	Description (Make, model, color)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this request, I acknowledge that I have read and agreed to all of the terms and conditions contained herein and to return the equipment promptly when requested by the University.

Requestor’s Signature _____ Date _____

Approved for UCLA Signature _____ Date _____