



**UNION COUNTY  
SCHOOL DISTRICT**

*Building The Future One Child At A Time*

**TEMPORARY TRANSFER OF CAPITAL ASSET FORM  
(Loan of Asset for Less than One (1) Year)  
FOR TEACHER/EMPLOYEE USE**

EMPLOYEES NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ROOM NO. \_\_\_\_\_

This is to verify that I have the equipment listed below and using it to conduct official school district business.

Description	Tag No.	Serial No.	Checked Out To	Date	Room No.	Date Returned

THIS FORM MUST HANG ON THE BACK OF THE TEACHER/EMPLOYEE'S ROOM DOOR. IT IS USED FOR TRACKING PURPOSES.