

**NCSU EQUIPMENT TRACKING
HOME USE AUTHORIZATION
FORM CA-2**

Department :		OUC:	
Name of User:		Work Phone #:	
Description of Equipment:		CAMS Tag #:	
Justification for Home Use:		CSC Barcode #:	
<hr/> <hr/> <hr/>			
To Be Returned: <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Date: _____ <input type="checkbox"/> Other: _____			
User's Signature:		Date:	
Approved by: (signature)	Print Name:	Date:	Work Phone:
Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other: _____		<input type="checkbox"/> CAMS system updated to "H"	

COMPLETE UPON RETURN OF EQUIPMENT:	
<input type="checkbox"/> The equipment listed above has been returned.	Date Returned:
User's Signature:	Date:
Verified by: (signature)	Date:
Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other: _____	
<p>Instructions for Initial Authorization: Complete the top portion of the form and save for departmental files. CAMS coordinator should update the online CAMS system to reflect "Home Use" as the condition code of the asset.</p> <p>Instructions for Return: Complete the bottom portion of the form. CAMS coordinator should update the condition code of the asset using the online CAMS system. Retain this form for departmental files.</p>	