## Southern New Hampshire Services, Inc.

Child Development Program

## iPad/Surface Tablet Acceptance Form

Date:	Serial #:		
Date:	Serial #:		
Names:			
Center/Classroom:		Work Phone Number:	
Date Assigned:		Date inventoried/inspected:	

I understand that iPads/Surface Tablets, equipment, and/or accessories that SNHS has provided to me are the property of Southern New Hampshire Services, INC. I agree to the terms outlined in SNHS's Employee iPad/Surface Tablet Agreement, the Internet Policy agreement, and Technology and Communications Systems Policy.

I understand that I will report any damage, loss, or theft of the iPad/Surface Tablet to my Center Director/Supervisor who will then forward that information to SNHS Administration and IT Support. Additionally, I understand that I will not be held responsible for iPad/Surface Tablet problems resulting from regular school-related use; however, I understand that I am personally responsible for any damage, theft, or loss of the iPad/Surface Tablet and/or related equipment and accessories due to negligence.

I understand that a violation of the terms and conditions set out in the Employee iPad/Surface Tablet Agreement, the Internet Policy Agreement, and Technology and Communications Systems Policy will result in the restriction and/or termination of my use of SNHS's iPads/Surface Tablets, equipment, and/or accessories and may result in further discipline up to and including termination of employment and/or legal action.

## **Items Loaned/Condition**

Item	Received	Condition	Inventoried/Needs Service/issues
iPad	Yes	New 🗌 Used 🗌	Yes /
Power Supply and Cable	Yes	New 🗌 Used 🗌	Yes /
iPad Case/Keyboard/Cable	Yes	New 🗌 Used 🗌	Yes /
Stylus	Yes	New 🗌 Used 🗌	Yes /
Surface Tablet	Yes	New 🗌 Used 🗌	Yes /
Surface charging cord	Yes	New 🗌 Used 🗌	Yes /
Classroom Staff:			
Staff Signature		Date	::
Staff Signature		Date	
Staff Signature		Date	::