HARDWARE AND SOFTWARE AGREEMENT

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Staff/Volunteer Name Organization Location**

Work Phone #\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cell Phone # \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Roll-off Date (if contractor): \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |
| --- | --- |
| PC / Laptop Serial #: Make/Model: | The organization prohibits the copying or use unlicensed software on any organization issued device (“device”). I will not copy/install any software not authorized for use on my assigned device; and I will not attempt to copy/install any software on the organization’s network without the organization’s approval.  I acknowledge that certain applications developed by the organization are it’s confidential property, and I will not disclose them to third parties or any other unauthorized personnel.  I will protect the confidentiality of the organization network and email passwords. I will not give my passwords to anyone except organization staff when necessary; and, as a matter of security policy, I will be sure to change my passwords should I ever have the need to disclose them to anyone. I will not post my passwords anywhere in my work area (i.e.: taped to the desktop/laptop). I will log out when ever I leave the office.  I am responsible for the safekeeping of my desktop/laptop and peripherals (as well as any other organization equipment in my possession). If an item is stolen, we need a police report in order to submit an insurance claim.  In the event my device is stolen, I will immediately work with with organization staff to file police report in the jurisdiction where the theft occurred.  I agree that if my employment/engagement with the organization terminates, I will return my assigned PC/laptop and all other assigned equipment to the organization prior to during my exit interview. |
| Please take a moment to go over all peripherals with the XYZ Organization (aka, the “organization”) representative to ensure that you are receiving all the specified below.  Received Returned  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Carrying Case  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Port Replicator/Docking Station  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** A/C Adapter/Power Cord  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** CD/DVD ROM (\_\_External/\_\_Internal)  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Lock. Cable & Key(s)  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Monitor(s) S/N(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Model\_\_\_\_\_\_\_\_\_\_)  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Input Device(s) (\_\_Keyboard/\_\_Mouse)  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Speakers  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Flash Memory Stick  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Projector  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Printer  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Cell phone  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Wireless hotspot  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Notes: | | Terms and Conditions  By signing this agreement I understand that I am taking responsibility for the equipment listed above and I will take all necessary steps to physically secure the computer and confidential information at all times. At no time am I allowed to trade or give this equipment to any party without written approval from the organization. I also understand that a violation of this agreement may subject me to disciplinary action in accordance with organization personnel policies. | |

Equipment Issue: Staff/Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Equipment Issue: Organization rep Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Equipment Return: Staff/Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Equipment Return: Organization rep Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_