

East Jasper Consolidated School District

Damaged/Non-Working Equipment

Discard Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location of Equipment: \_\_\_\_\_

Room Number: \_\_\_\_\_

Equipment Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Inventory Tag Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

\*Note: Filling out this form does not give you permission to throw away equipment. Please wait until you have received the **Board Approval Discard List** before you remove equipment from location.

Employee Signature: \_\_\_\_\_

Administrator/Supervisor Signature: \_\_\_\_\_