

**Lewisville ISD Technology Department  
Teacher Laptop Initiative  
Agreement for Loan of Laptop Computer**

This contract is between the Lewisville Independent School District and  
\_\_\_\_\_ for the use of a laptop computer.  
(employee name)

The above named individual has received the following equipment: laptop, laser printer, carrying case and locking device. He/she agrees that the equipment is in good working order at the initiation of the contractual period. When the individual retires or resigns from the school district, all equipment must be returned to the LISD Technology Department. Failure to do this will result in the individual's last paycheck being held.

The above named individual will be responsible for this equipment at all times. The teacher will be responsible for securing the laptop in such a manner that it will not be subject to theft or damage. The teacher will be held responsible for a lost or stolen laptop if proper steps have not been taken to prevent the theft. If a laptop is in need of repair, the campus facilitator should enter a warranty work order for the technology department. LISD suggests that teachers include insurance coverage of the laptop on his/her homeowners or renters insurance if possible. In consideration of the employees assumption of financial responsibility for this equipment, the employee will be permitted to use the equipment for personal use, in accordance with the District's acceptable use policy.

- \_\_\_ I have read and agree to abide by the Lewisville ISD Acceptable Use Policy and the Additional Guidelines for District Staff. I understand that my use of this laptop is governed by the guidelines set forth in these documents, including the guidelines pertaining to the installation of unauthorized software.
- \_\_\_ I will notify the LISD Technology Department if I am retiring, resigning, taking an unpaid leave of absence, or no longer meet the LISD Teacher Laptop Initiative eligibility requirements. I will immediately return this equipment as a result of my change of status.
- \_\_\_ I will notify the LISD Technology Department if I transfer to another campus or department within LISD.
- \_\_\_ I agree to participate in a campus or district-based technology study group for a total of 6 hours or meet with the campus Instructional Technologist at 3 different conference periods within the calendar year following receipt of laptop. ATTENDANCE IS REQUIRED
- \_\_\_ I agree to keep the laptop locked up in a cabinet or with the locking device anytime the computer is unattended.
- \_\_\_ I agree that the laptop and printer will be on campus during all instructional days.
- \_\_\_ I agree to keep the laptop locked in my room as stated above or within my home premises if removed from the classroom and taken home overnight. Leaving the laptop in a locked car overnight will not be considered taking the proper steps as required.

**The laptop will be returned to LISD if the above requirements are not fulfilled.**

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus (at time of signing): \_\_\_\_\_

Grade Level(s)/Subject taught: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

\_\_\_\_\_  
Date