



EQUIPMENT RESPONSIBILITY FORM

I acknowledge that I have received equipment assigned to me by Providence Community ABA to ONLY be used in an ABA therapy session.

INITIAL _____

I understand that it is my complete responsibility to keep assigned company equipment in a safe place. I am aware that if the equipment is broken, stolen, or damaged; it is my responsibility to immediately report to Management and complete/submit an incident form for review of potential liability.

INITIAL _____

I understand that the assigned equipment will need to be charged and used in each ABA therapy that I host as a technician. It is my responsibility to keep this device charged, safe, and in operable condition while in my possession.

INITIAL _____

I understand that I may be held financially responsible for any non return equipment which will be deducted from my last paycheck if my employment ends. I am expected to return the assigned equipment in working condition, within five business days of separation.

Signature & Date _____

By signing below, I acknowledge that I have reviewed the terms of this equipment responsibility form and agree to abide by the terms.

Equipment assigned: Providence Community ABA Laptop w/Charger

Equipment:	Office Laptop with Charger & Mobile Cell Phone with Charger
Authorization date:	

Printe Name:	
Signature	Date: