

**NCSU EQUIPMENT TRACKING  
HOME/PORTABLE USE AUTHORIZATION  
FORM CA-2**

Department:	OUC:
Name of User:	Work Phone #:
Description of Equipment:	CAMS Tag #:

Use Type: <input type="checkbox"/> Home <input type="checkbox"/> Portable <input type="checkbox"/> Other: _____  Justification for Home/Portable Use:
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To Be Returned: <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Date: _____ <input type="checkbox"/> Other: _____
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User's Signature:	Date:			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Approved by: (signature)</td> <td style="width: 30%;">Print Name:</td> <td style="width: 20%;">Date:</td> <td style="width: 20%;">Work Phone:</td> </tr> </table>	Approved by: (signature)	Print Name:	Date:	Work Phone:
Approved by: (signature)	Print Name:	Date:	Work Phone:	

Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other: _____	<input type="checkbox"/> CAMS system updated to "H"
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**COMPLETE UPON RETURN OF EQUIPMENT:**

<input type="checkbox"/> The equipment listed above has been returned.	Date Returned:
User's Signature:	Date:
Verified by: (signature)	Date:

Title: <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Department Head <input type="checkbox"/> Other: _____
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**Instructions for Initial Authorization:** Complete the top portion of the form and save for departmental files. CAMS coordinator should update the online CAMS system to reflect "Home Use" as the condition code of the asset.

**Instructions for Return:** Complete the bottom portion of the form. CAMS coordinator should update the condition code of the asset using the online CAMS system. Retain this form for departmental files.