

# Campus Return Authorization

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Office Location: \_\_\_\_\_

Department: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Division: \_\_\_\_\_

**Please select the reason(s) for your return:**

| Temporary Activity Return                               |                              |
|---|------------------------------|
| Requested return to campus date: _____                  | Time window on campus: _____ |
| Location to return to (building, suite#/office#): _____ |                              |
| Purpose of return: _____                                |                              |

| Equipment Pickup   |                         |       |                            |          |
|--|-------------------------|-------|----------------------------|----------|
| Webcam   | General office supplies | Mouse | Anti-slip mat              | Keyboard |
| Footrest   | Keyboard wrist pad      | Chair | Monitors – quantity: _____ |          |
| Other: _____   |                         |       |                            |          |
| Item asset tag (if applicable): _____  |                         |       |                            |          |
| <i>The following items may not be removed from campus:<br/>Desks, filing cabinets, printers, desktop computers, furniture of any kind other than chairs.</i> |                         |       |                            |          |

**SUBMISSION INSTRUCTIONS**

*Employees* – E-mail this form to your supervisor after you complete it. Your e-mail to your supervisor will serve as your signature.

*Supervisors* – Submit this form to: covid19proploan@csudh.edu

| Supervisor:  |                        |
|--------------|------------------------|
| Name: _____  | Email: _____           |
| Title: _____ | Department name: _____ |