

NILES CITY SCHOOL DISTRICT

EMPLOYEE REQUEST TO OBTAIN OUTDATED EQUIPMENT

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Description of Item \_\_\_\_\_

Building \_\_\_\_\_ Tag# \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

Date approved by Board of Education \_\_\_\_\_