

Hazleton Area School District

SURPLUS/DISPOSAL COMBINATION FORM

Please fill out 1 form for each asset you have as surplus OR want disposed. Have the Principal and Director "x" their suggestions and sign form. Forward the completely filled out and signed form to Danielle Zola, Fixed Assets Coordinator.

Asset # _____ 5-digit barcode # on "Property of HASD" silver tag **SURPLUS** _____ **DISPOSE** _____

Current Asset Location-Building: _____ Room #: _____

Detailed Item Description: _____

Manufacturer: _____ Color: _____

Material (wood, plastic, metal, etc.) _____

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Have any repairs been attempted on this item? ☐ Yes ☐ No

What was the outcome, repairable/unrepairable, explain _____

If requesting disposal, list reason _____

If there is a digital picture available for this asset please email it to: zolad@hasd.k12.pa.us

Signature of Employee requesting surplus/disposal _____ Date: _____

PRINCIPAL AND DIRECTOR - BASED ON YOUR KNOWLEDGE OF THE ASSET PLEASE "X" YOUR SUGGESTION BELOW: (SURPLUS & DISPOSAL)

If asset is LESS THAN OR EQUAL TO scrap value	Principal	Director		Principal	Director	
	<input type="checkbox"/>	<input type="checkbox"/>	Make available to students/public (OR)	<input type="checkbox"/>	<input type="checkbox"/>	Dispose
If asset is MORE THAN scrap value	<input type="checkbox"/>	<input type="checkbox"/>	Sell at an Auction/Sealed Bid (OR)	<input type="checkbox"/>	<input type="checkbox"/>	Trade-in

Signature of Principal: _____ Date: _____

Signature of Director: _____ Date: _____

Approved by Business Manager: _____ Date: _____

BUSINESS MANAGER AND SUPERINTENDENT - (DISPOSAL ONLY)

If asset is LESS THAN OR EQUAL TO scrap value dispose of by	Bus. Mgr	Supt.			
	<input type="checkbox"/>	<input type="checkbox"/>	Make available to students/public		
	<input type="checkbox"/>	<input type="checkbox"/>	Certified off-campus recycler		
	<input type="checkbox"/>	<input type="checkbox"/>	Approved refuse disposal facility		

Signature of Business Manager _____ Date: _____

Signature of Superintendent _____ Date: _____

If asset is MORE THAN scrap value:	Bus. Mgr	Supt.			
	<input type="checkbox"/>	<input type="checkbox"/>	Sell at auction		
	<input type="checkbox"/>	<input type="checkbox"/>	Sell through a sealed bid		
	<input type="checkbox"/>	<input type="checkbox"/>	Trade-in		
	<input type="checkbox"/>	<input type="checkbox"/>	Donated to school district or non-profit organization		

Signature of Business Manager _____ Date: _____

Signature of Superintendent _____ Date: _____

Revised 8/7/2007

Board Approved Date