



Request for Facilities Use During Official Closed Days

Campus

- Charlotte
- Collier
- Lee
- Hendy / Glades

Department Information

Department:

Requested By:

Phone Number:

Date:

Authorization

Department Head / Dean Signature

Cognizant Vice President Signature

Campus President Signature

Facility Information

Name and Location of Facility:

Room Number(s):

Date(s) Facility Needed:

Time(s) Facility Needed:

Reason(s) Facility is needed during Officially Closed day(s):

OFFICE USE ONLY

Schedule:

Special Schedule for Facility use during non-operational time period:

Date On:

Time On:

Date Off:

Time Off:

Department Information

Assigned To:

Special Conditions:

Submit Request to the Campus President for approval. When APPROVED, transmit signed copy to Director of Facilities Planning & Management and Campus Plant Operations Supervisor.

Retain a copy for your files