



Request for Facilities Use During Official Closed Days

Campus	Department Information	Authorization/Approval
<input type="checkbox"/> Charlotte <input type="checkbox"/> Collier <input type="checkbox"/> Lee <input type="checkbox"/> Hendry / Glades	Department: <input style="width: 100%;" type="text"/> Requested By: <input style="width: 100%;" type="text"/> Phone Number: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: right; margin-right: 20px;">Department Head / Dean Signature</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: right; margin-right: 20px;">President's Cabinet Member Signature</div> <hr style="border: 0; border-top: 1px solid black;"/>

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): [i.e. Personnel Using Facility]

OFFICE USE ONLY	
<p>Schedule:</p> <p>Special Schedule for Facility use during non-operational time period:</p> <p>Date On: <input style="width: 100%;" type="text"/></p> <p>Time On: <input style="width: 100%;" type="text"/></p> <p>Date Off: <input style="width: 100%;" type="text"/></p> <p>Time Off: <input style="width: 100%;" type="text"/></p>	<p>Department Information</p> <p>Assigned To: <input style="width: 100%;" type="text"/></p> <p>Special Conditions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Submit Request for authorization. When APPROVED, transmit signed copy to Director of Public Safety. Retain a copy for your files