

Request for Facilities Use During Official Closed Days

Campus

- Charlotte
- Collier
- Lee
- Hendry /
Glades

Department Information

Department:

Requested By:

Phone Number:

Date:

Authorization/Approval

 Department Head / Dean Signature

 President's Cabinet Member 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): [i.e. Personnel Using Facility]

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