

# Request for Facilities Use During Official Closed Days

Campus	Department Information	Authorization
<input type="checkbox"/> Charlotte	Department: <input type="text"/>	_____
<input type="checkbox"/> Collier	Requested By: <input type="text"/>	Department Head / Dean Signature
<input type="checkbox"/> Lee	Phone Number: <input type="text"/>	_____
<input type="checkbox"/> Hendy / Glades	Date: <input type="text"/>	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):

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\_\_\_\_\_

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

**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*