



REQUEST FOR CAMPUS ENTRY

Employees requesting entry to the campus during closed hours must complete the information below. The request must then be submitted to the Activity Supervisor, Supervising Administrator and the Vice President of Student Services or President for review and approval. Please forward the approved request to the Sheriff's Department, Rm. D-150, at least one working day prior to the requested entry date(s).

DATE: _____

REQUESTER: _____ EMP. NO. _____
First Name (print) Last Name (print)

Signature

REQUESTED DATE(S) & TIME(S): ____/____/____ AM/PM BLDG./RM.: ____
____/____/____ AM/PM BLDG./RM.: ____

REASON FOR REQUESTED ENTRY: _____

REVIEWED AND APPROVED:

_____/_____
Department Chair/ Activity Supervisor Date

_____/_____
Dean Date

_____/_____
Vice President of Student Services Date

NOTE: This request is valid only during the specified dates(s) and time(s), and shall not exceed a period of 30 days.