

APPLICATION FOR 24 HR ACCESS

This form is to be completed by Supervisors/Managers, and forwarded to the Operations Office – kneskeys@ucalgary.ca

APPLICANT INFORMATION

Name	Position:	Phone:
Room No:	Email:	UCID #:
Unit: <input type="checkbox"/> Academics <input type="checkbox"/> Activing Living <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics <input type="checkbox"/> BFFL <input type="checkbox"/> Dean's Office <input type="checkbox"/> Ever Active <input type="checkbox"/> Human Performance Lab <input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technologies <input type="checkbox"/> Olympic Oval <input type="checkbox"/> Outdoor Centre <input type="checkbox"/> Sport Medicine Center <input type="checkbox"/> Thrive Center <input type="checkbox"/> OTHER _____		
Academic Staff <input type="checkbox"/> Professor <input type="checkbox"/> Adjunct Professor <input type="checkbox"/> Sessional Instructor <input type="checkbox"/> Visiting Professor	Support Staff: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Student Designation: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate

RATIONALE:

RESEARCH PROJECT

Project Name:	Lab Room #:
Length of Access:	Start Date: Completion Date:
Reason for 24 HR Access:	

COACH: NOTE: Coaches will automatically be granted 24-hour access during their competitive season; this application should be used for dates outside that timeframe.

Team Name:	
Length of Access:	Start Date: Completion Date:
Reason for 24 HR Access:	

OTHER: Please describe nature of business:

Length of Access:	Start Date: Completion Date:
Reason for 24 HR Access:	

SUPERVISOR/MANAGER

Name: (Please Print)	E-mail:	Phone:
Signature:		

THIS PORTION TO BE COMPLETED BY THE OPERATIONS UNIT

APPROVED BY:	Signature:
	Date:

Please only one applicant per form.