APPLICATION FOR 24 HR ACCESS

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

<table>
<thead>
<tr>
<th>APPLICANT INFORMATION</th>
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<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Room No:</td>
</tr>
</tbody>
</table>

Unit:
- [ ] Academics
- [ ] Activing Living
- [ ] Aquatics
- [ ] Athletics
- [ ] BFFL
- [ ] Dean’s Office
- [ ] Ever Active
- [ ] Human Performance Lab
- [ ] Human Resources
- [ ] Information Technologies
- [ ] Olympic Oval
- [ ] Outdoor Centre
- [ ] Sport Medicine Center
- [ ] Thrive Center
- [ ] OTHER ____________________________

Academic Staff:
- [ ] Professor
- [ ] Adjunct Professor
- [ ] Sessional Instructor
- [ ] Visiting Professor

Support Staff:
- [ ] Full Time
- [ ] Part Time

Student Designation:
- [ ] Undergraduate
- [ ] Graduate

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<th>RATIONALE:</th>
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RESEARCH PROJECT

Project Name: ____________________________

Length of Access: ____________________________

Lab Room #: ____________________________

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: ____________________________

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<tr>
<th>THIS PORTION TO BE COMPLETED BY THE OPERATIONS UNIT</th>
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APPROVED BY: ____________________________

Signature: ____________________________

Date: ____________________________

Please only one applicant per form.