

REQUEST FOR EXCEPTION OF FACILITY USE Outside of Building Open Hours or during Holiday or Campus Closure

Please allow up to two weeks for this review to be completed.

Internal User (Department/Org) seeking exception:						
Event:						
Date/Time (hours)) of use:					
Is this during a holiday or campus closure? Yes No						
Location(s) of Event:						
Estimated attendance:						
Reason this event co	annot occur during l	ouilding open hours:				
Does this event occur annually?		Yes		Other:		
Designated Camp	ous Host Contact II	nformation:				
Name:						
Email:		Cel	l Phone:			
Type of event			What event support is needed?			
Internal (Unive	•	Building/space Access				
Restricted to invitees			Custodial			
Open/advertised to community			Refuse/recycling			
			Table and/or chair delivery			
Is food being served Yes			Set up/take down			
Is alcohol being s	served Yes	s No	Audio/Vis	sual support		
Chartfield String	g for applicable (charges (including	g all support services	& overtime fees)		
Account	Fund	Department	Program	Class	Project	
Exception Requestor:						
	Name	Sig	nature		Date	
Division VP/Admin	istrator:		_			
Name			Signature		Date	



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Department Dean and Appropriate Administrator Use Only

I **DO** approve of this event being held in facilities outside building open hours and/or occurring on Holiday or Closure Days where staff may be required to be paid overtime or Holiday pay depending on their classification/Union contract.

I **DO NOT** approve of this event being held in facilities outside building open hours and/or occurring on Holiday or Closure Day where staff may be required to be paid overtime or Holiday pay depending on their classification/Union contract

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omments (Optional):				
ivision Administrator Signature:				
I DO approve of this event being held in facilities outside building open hours and/or				
occurring on Holiday or Closure Days where staff may be required to be paid overtime or Holiday pay depending on their classification/Union contract.				
Annual recurring event is approved for years.				
Annual rooming ovolicio approvou ioi youro.				
I DO NOT approve of this event being held in facilities outside building open hours				
and/or occurring on Holiday or Closure Day where staff may be required to be paid				
overtime or Holiday pay depending on their classification/Union contract.				
omments (optional):				
Final Approval - VP of Administrative Affairs:				