

Permission to Work After-Hours in a Research Laboratory Form

SECTION 1: This section must be completed by Student

Student Name: _____ SUID: _____

Building and Room Number: _____

Supervising Faculty Member: _____ Emergency Contact: _____

"Buddy" Name: _____ Emergency Contact: _____

Short Description of Work (attach materials if necessary):

Start date: _____ End date: _____

After hour work days (circle one or more days): Mon Tues Wed Thurs Fri Sat Sun

Mobile Phone Number: _____

Email Address: _____

Training Information:

General Laboratory Training Date: _____ Laboratory Specific Training date _____

Additional training, if any: _____ Date Completed: _____

I have read the Work Alone and After-Hours Policy and agree to abide by their restrictions. **Under no conditions will I work alone after-hours in the laboratory or after the building closes.** I have received training in the proper experimental and emergency procedures, and understand those procedures for the work I am authorized to do after-hours. In the event that I am not working on those specified hours or specified day, I will inform my supervising faculty of this change ahead of time.

Student Signature: _____ Date: _____

Student buddy Name: _____ Date: _____

SECTION 2: Faculty Permission

The student has attested above that they understand the requirement of the Work Alone and After-Hours Policy and additional limitations on work that can be performed after-hours with a co-worker, but without my direct in-person supervision. I have provided the student with my contact information in case of emergency.

I have provided the student with written protocols and SOPs. *(Please attach all protocols and SOPs to this form)*

I approve the request for permission to work after-hours.

I have read the Work Alone and After-Hours Policy and agree to abide by their restrictions. **Under no circumstances will I have a student work with no written instructions.** I have conducted a risk assessment and ensured the student has adequate training in the proper experimental and emergency procedures, and understands those procedures for the work I have authorized them to do after-hours.

Faculty Name and Signature: _____ Date: _____

Lab or Office Number: _____

SECTION 3: Department Chair Approval

I have reviewed all the necessary documents, including protocols and SOPs for this student to work after-hours.

Department Chair Name and Signature: _____ Date: _____