

# Permission to Work After-Hours in a Teaching Laboratory Form

## SECTION 1: This section must be completed by Faculty/Staff

Building requiring access: \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

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

Student(s) requiring access:

Student Name: _____	Suffolk University ID Number: _____
Student Name: _____	Suffolk University ID Number: _____
Student Name: _____	Suffolk University ID Number: _____
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Student Name: _____	Suffolk University ID Number: _____
Student Name: _____	Suffolk University ID Number: _____
Student Name: _____	Suffolk University ID Number: _____

Teaching Assistant (TA) Name: \_\_\_\_\_ Suffolk University ID Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Short Description of Work (attach additional documents if necessary):

## 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 supervise students using the teaching laboratory 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 the building closes.

Faculty Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 3: Department Chair Approval

I have reviewed all the necessary documents and approve the students to work in the teaching laboratory after-hours.

Department Chair Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_