

# Permission to Work After Building Closes 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: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Suffolk University ID Number: \_\_\_\_\_

Buddy 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 work after the building closes.

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: Suffolk University Police Department Approval

I have reviewed all the necessary documents and approve the student to work after the building closes.

Additional Comments:

SUPD Name and Signature:

Date: