After Hours Request

This form must be completed in its entirety for each Individual¹ request and MUST be approved/signed by the either the Dean, Provost or Chancellor prior to submittal.

Completed forms need to be emailed to camdenoffhours_req@camden.rutgers.edu The following individual: Name Netid Affiliation Requested to have access to: For the following duration: I understand that I must email camdenoffhours_req@camden.rutgers.edu immediately if the individuals status has changed and/or if the access needs to be revoked. All approved requests are automatically terminated at the end of each academic semester and must be re-submitted if necessary. Initials The requestor and department is aware and has informed the student that there are limited resources available After Hours including security coverage and transportation. $^{\hbox{\scriptsize Initials}}$ The department affirms that it is necessary to grant access for the following reasons **Professor/Requestor** Printed Name Chair of the Department Kenneth Elliott Dean of the School, Provost, Chancellor

Signature

Printed Name

¹ Any student, Part Time Lecturer and/or any employee not classified by UHR as a Type 1 employee