

Designation of Laboratories and Studios During Pandemic Even

College/School Information

Facility will be used: Studio:

Names of Essential Personnel in the Facility (Note: Only faculty and staff who are approved as Essential for on-campus work can be in the laboratory.)

Day Night Weekends

Approximate number of hours per week will the facility be operational: _____

Requesting Designation of: Essential Partially Essential

Nature of the Research being Conducted:

Justification for Requesting Designation (Please be very specific):

Approvals:

Dean

(Typed Name) _____
(Signature) Approved Denied
(Circle one)

Senior Associate Dean College of Medicine: (for COM) ~~COM~~

(Typed Name) _____
(Signature) Approved Denied
(Circle one)

Vice President for Research and Economic Development

(Typed Name) _____
(Signature) Approved Denied
(Circle one)