

## Cleanroom After-Hours Request Form

### Personal Contact Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name _____	Email _____	Phone _____
Project Number _____	Group Code _____	

Requested duration of After-Hours access:      Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### Justification for After-Hours clearance

Include details of project requirements, processing routine, and/or other reasons why workday hours are insufficient.

- *Workday hours = 7am – 10pm weekdays*
  - *After-Hours = 10 pm – 7 am weekdays, + all hours weekends + LSU Staff holidays*
  - *Complete this form in detail and return to **Uj crjo c "O cirkc wz**. The User will be informed through email of the decision for access within three working days.*
  - *For questions or comments, please contact **Shaloma Malveaux** \_\_\_\_\_ ([smalvea@lsu.edu](mailto:smalvea@lsu.edu)).*
  - *Factors considered in determining access privileges:*
    - *Experience inside the cleanroom*
    - *Cooperation inside the cleanroom*
    - *Project requirements*
    - *Processing Routine*
- Note: Minimum 3 months active cleanroom use is required to be considered for After-Hours access.*

### **CAMD Office Use Only**

Date Received _____ Date Processed _____ Request Granted    ___ Yes ___ No	<u>If CR-AH access is granted:</u> Approved access dates _____ Shaloma Malveaux _____ Quoc Nguyen _____
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