Cleanroom After-Hours Request Form

Personal Contact Information

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 Shaloma Malveaux. 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).
• Factors considered in determining access privileges:
  o Experience inside the cleanroom  o Cooperation inside the cleanroom
    Note: Minimum 3 months active cleanroom use is required to be considered for After-Hours access.
  o Project requirements  o Processing Routine

CAMD Office Use Only

Date Received ___________________
Date Processed ___________________
Request Granted  ____ Yes  ____ No
If CR-AH access is granted:
Approved access dates _______________________________________
Shaloma Malveaux ___________________________________________
Varshni Singh _____________________________________________

Prepared 11/12/2004