

FACILITIES MANAGEMENT UNIT
ACCESS FOR WEEKEND / AFTER HOURS IN CAC

Service Request No: _____

Date of Request: _____ Signature of Requestor: _____

Ministry: _____ Department: _____

Date request to enter building: _____ Time: _____

_____ Time: _____

Access on Weekends

Access after Normal Working Hours

Person (s) entering the Building:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reasons: _____

Signature of Dept. Head/PS: _____ Date: _____

Please do not write below this line **Facilities Management Unit Staff Only**

Date Received: _____

Permission Granted **Permission Denied**

Reasons: _____

Manager's Signature: _____ Date: _____