



## **Mt. San Jacinto Community College**

### **Campus Safety Event/Activity Request Form**

This form is to be used to request Campus Safety coverage for a District Event/Activity. Please allow a minimum of 45 days for scheduling of your event; requests received without sufficient notice may be denied. Forms that are not completed in full will be returned to senders for completion.

Campus Safety personnel approved to cover an event or activity do so on an overtime basis and will require the requesting department to cover the overtime expense at an hourly rate, budget information must be included in your initial request. We will inform you of approval.

Requester's Name:	Today's Date:
Department:	
Phone Number:	Email Address:
Are you a District Employee:    Yes          No	Your Signature:
Area Vice President Signature:	Date:

Name of Event:	Event Date:
Location of the Event:    San Jacinto          Meniffee          TEM Complex          TEM Higher Edu          SGPC	
Room Number/Place:	Beginning time of event:          Ending time of event:
Budget Code (Required):	
Purpose of Event:	
Detailed description of activities that will occur at this event or activity:	

I am requesting:    Campus Safety Officer (CSO)	#
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**\*\*\*This section for Campus Safety Department use only**

Date Received:	
Approved:    Yes          No	Signature:          Date:
Paperwork Fully Completed:    Yes          No	
CSO Assigned:	Total of hours worked:
CSO Assigned:	Total of hours worked:
CSO Assigned:	Total of hours worked:
CSO Assigned:	Total of hours worked:

**\*\*\*This form must be filled out completely and forwarded to the Campus Safety Department 45 days prior to your event or activity.**