**After hours faculty building access form   
Faculty of Agro-Industry, Chiang Mai University**

**Request Information:**

**Date**………………………………………….………………………**.**

**Attn:** Dean of the Faculty of Agro-Industry or Designee

First Name (Mr./Mrs./Miss) ……………………...…….......................................Last Name …………..…………...……............................

**Department**.........................................................................................................................**Tel**……………………………………………………

Position…………………….......……...…………………………………………

I would like to request access to

* □ Meeting room No.……………..…………………
* □ Lecture room No ……………..………..…..…….
* □ Other locations (Specify)……………………………….…………………………………………………………..……………………………

The Purposes of the request is/are : ……..………………………………………………………………………………………………………………………..

……..……………………………………………………………………………………………………………………………………………………………………….……………..

Start Date………………………………………………Time…………………..

End Date……………………………………………… Time…………………..

□ I also request the relevant staffs to facilitate the following duties and will submit a request for overtime pay for the staffs. These duties are:

□ Opening and closing the rooms

□ Control and supervise the audio or visual equipment

□ I will be responsible to take care of the room keys and others equipment in the room.

In this regard, I will be responsible for maintaining order in the room and ensuring that all existing equipment remains in good condition. If any damage occurs, I will take responsibility based on the reasons and facts surrounding the incident.

For activities other than teaching, administrative, and academic work of the faculty, expenses must be paid according to the relevant announcements of Chiang Mai University. Additionally, I will submit an overtime pay request for the relevant staff in accordance with the regulations.

Signature …………………………………………. Requestor  **Opinion of the head of the department**

(……………………………………………………) …………………………………………………………………

…………………………………………………………………

Signature ………………………..…………………

**Officer's opinion** (……………………………………………………)

Attn: Dean of the Faculty of Agro-Industry/Designee

**Opinion of Dean of the Faculty of Agro -Industry/Designee**

□ **Approved**

□ **Not approved** (specify reasons if any)........................................................................

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(........................................................)

Date................................................................

□ Approved (specify reasons if any)...................

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□ Not approved (specify reasons if any)...................

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Signature........................................................

(........................................................)

**Note :**  The form must be submitted at least 3 days in advance.