

CENTRE FOR INDUSTRIAL RELATIONS AND HUMAN RESOURCES
AFTER-HOURS BUILDING ACCESS REQUEST FORM

Contact: Michelle Ryan, Rm 206, 416-978-2927, ma.ryan@utoronto.ca

Full Name (please print): _____

Email Address: _____ Telephone: _____

Access Required: Exterior Side Entrance Computer Lab/Library Basement Study Room

After-hours access is restricted to the following categories. Please indicate your status by checking one:

- Full-Time MIRHR Student CIRHR Faculty Visiting Faculty*
 Part-Time MIRHR Student Part-Time IRE Course Instructor Research Assistant*
 CIRHR PhD Student CIRHR Staff

*Visiting Faculty and Research Assistants must obtain prior approval from the CIRHR Director (Visiting Faculty) or their CIRHR Faculty Supervisor (Research Assistants):

I approve access for this individual for the period from _____ to _____

Name (please print): _____ Signature: _____

Date: _____

Choose an access code (must be five numbers, no letters or symbols): _____

Please indicate the date from which you will need after-hours access, and the date you will no longer require after-hours access. Access Start Date: _____ Access End Date: _____

PERSONAL SAFETY AND BUILDING SECURITY

The privilege of 24/7 access to the CIRHR depends on your vigilance and care. Please help us keep the CIRHR safe and secure for all occupants by following these after-hours rules:

- After-hours access is restricted to CIRHR students and authorized individuals only
- Enter and leave only through keypad access doors. Make sure they lock behind you.
- Never prop any doors open.
- Do not open the side door for anyone unknown to you. Use the peephole before opening the door.
- If you are the last person to leave, ensure that windows are closed, computers and lights turned off.

EMERGENCIES

- Call 911, then call Campus Police (8-2222, your location will be displayed to them)
- For building related emergencies (ie, water leaking) call 8-3000
- First Aid Kits are located in the student lounge and the Library.

I have read and understand the above. I understand that I have been given a unique access code, and I agree not to disclose my access code to anyone. I understand that my access will be cancelled if I am found to be responsible for a security breach of any kind.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Enabled: _____ Signature: _____

Date Disabled: _____ Signature: _____