



CPG Laboratories to Work After-Hours Form

SECTION 1: Applicant

Position: Post-Doc Graduate Student Undergraduate Student Others

Name: _____ KFUPM ID: _____

Mobile Phone Number: _____ Email Address: _____

Building and Lab Number: _____ Faculty Advisor Member: _____

Emergency Contact Name: _____ Emergency Contact# _____

Short Description of Work & Reason to Work After-Hours (attach materials if necessary):

Starting date: _____ **To:** _____

Starting time: _____ **To:** _____

After hour work days (circle one or more days): Sun Mon Tues Wed Thurs Fri Sat

Applicant Declaration:

I have read the Work Alone and After-Hours Policy and agree to abide by their restrictions. Under no conditions will I work alone after-hours in the laboratory or after the building closes. I have received training in the proper experimental and emergency procedures, and understand those procedures for the work I am authorized to do after-hours. In the event that I am not working on those specified hours or specified day, I will inform my supervising faculty of this change ahead of time.

Applicant Signature: _____

Date: _____

Emergency Contact Signature: _____

Date: _____

SECTION 2: Faculty Permission

The applicant has attested above that they understand the requirement of the Work Alone and After-Hours Policy and additional limitations on work that can be performed after-hours with a co-worker, but without my direct in-person supervision. I have provided the applicant with my contact information in case of emergency.

I hereby approve the request for permission to work after-hours.

I have read the Work Alone and After-Hours Policy and agree to abide by their restrictions. Under no circumstances will I have an applicant work with no written instructions. I have conducted a risk assessment and ensured the applicant has adequate training in the proper experimental and emergency procedures, and understands those procedures for the work I have authorized them to do after-hours.

Faculty Advisor Name and Signature: _____ **Date:** _____

Lab Owner Name and Signature: _____ **Date:** _____

OHS Supervisor Name and Signature: _____ **Date:** _____

Mr. Eassa Abdullah, Director – CPG Laboratories Signature: _____ **Date:** _____

* **Note:** The latest allowed time for working in the labs is 9:00 PM. All laboratories must be closed after this time.