CPG Laboratories to Work After-Hours Form

SECTION 1: Applicant Information

Position: ☐Graduate Student ☐ Undergraduate Student ☐ Other (Specify):

Full Name: KFUPM ID:

Mobile Phone Number: Email Address:

Building and Lab Number: Faculty Advisor:

Emergency Contact Name: Emergency Contact Number:

Work Description & Reason for After-Hours Access (attach materials if necessary):

Starting date: **To:**

Starting time: 4:00 PM **To:**

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

SECTION 2: Applicant Declaration:

I have read and understand the Work Alone and After-Hours Policy and agree to comply with its requirements. I will not work alone in the laboratory or after the building closes. I confirm that I have received proper training for the tasks I am authorized to perform after-hours and understand the associated emergency procedures. If my schedule changes, I will notify my supervising faculty in advance.

Applicant Signature:
Date:
Emergency Contact Signature:
Date:

SECTION 3: Approvals

I have reviewed the applicant's request for after-hours work and confirm that they understand the Work Alone and After-Hours Policy. I have provided my contact information for emergencies, conducted a risk assessment, and verified that the applicant has received adequate training for the tasks they are authorized to perform. I approve this request for after-hours access.

Faculty Advisor (Name & Signature): **Date:**

Lab Responsible Person(s) Name & Signature: **Date:**

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

EHS Representative (Name & Signature) **Date:**

- ***Note:*** *The latest allowed time for working in the labs is* ***8:30 PM****. All laboratories must be closed after this time.*
- ***Note:*** *This form is valid for the current semester only and must be renewed each semester for continued after-hours access.*
- ***Note:*** *Saturday Working hours:* ***7:30 AM to 4:00 PM.***