



Appendix-L REQUEST FOR USE OF SCHOOL FACILITIES FORM

(non-CCRC use and **Special CCRC use**)

Important Note: To be considered, this request must be submitted/approved a minimum of **seven (7) calendar days** in advance.

STEP #1, REQUEST

Name (group) Date of Request
 Address Phone E-mail address
 Reason Requested Use Date
 Requested Facility From : A.M. P.M. To : A.M. P.M.
 Kitchen Requested: No Yes Kitchen Equipment Requested
 Requested Use Date Food Service Supervisor Approval (if needed)
 Other Equipment Request

My signature below indicates that I fully understand and accept all **conditions and terms** of this facilities/equipment use request.

Date Requesting Party Signature

STEP #2, APPROVAL

To Be Opened By @ A.M. P.M. Closed By @ A.M. P.M.
 Assigned Custodian Start A.M. P.M. End A.M. P.M.
 Allowed Exemptions Denied Reason:
 Date Step 1: Building Principal Approval
 Date Step 2: Custodial-Maintenande Supervisor
 Date Step 3- Food Service Supervisor

CONDITIONS

1. Individual or Group will compensate on-duty **USD 284 Custodian @ \$15.00 per hour** (1-hour minimum). **No district payroll may be used.**
2. Any and all **exceptions** to these conditions must be approved in advance and on this form.
3. The person signing this form must be physically **present** at the facility at all times during this facilities use.
4. The person signing this form must provide adequate **supervision** of all facilities or equipment used.
5. Equipment approved for use must remain **on-campus** at all times during this use.
6. **Computer and technology equipment** may not be approved for non-school use under this provision.
7. Food Service **equipment/kitchens** may not be used without **prior** approval of the district **Food Service Supervisor.**
8. The person signing this form may not change **thermostats** during this use.
9. Persons **not involved** in this approved facilities use are not allowed in the building.
10. All equipment is to be **returned** to its place of storage and left in good condition.
11. The person signing this form is responsible for all **cleaning/damages** resulting from this use.
12. The person signing this form is responsible for turning off all **lights** and checking all **doors** before leaving.
13. **Doors** may not be propped open at any time during this facilities use.
14. A **copy** of this request form is to be signed and sent to all parties indicated below by the **Custodial-Maintenance Supervisor.**
15. If conditions of this request are not followed, **future use** can be denied.
16. **School functions** regardless of circumstance always have **priority** over non-school facilities/equipment use.
17. No **baseball or softball batting or pitching practice** will be allowed in district gyms or facilities unless a batting tunnel and/or pitching net is used to protect the building. Hitting off batting tee or side toss will be allowed only if a net or tarp is used to stop the ball.

Copies to: Building Principal CCJSHS CCES Assigned Custodian
 Food Service Director Request Patron
 Custodial Maintenance Supervisor District Office