Mt. San Jacinto Community College

Campus Safety Event/Activity Request Form

This form is to be used to request Campus Safety coverage for a District Event/Activity. Please allow a minimum of 45 days for scheduling of your event; requests received without sufficient notice may be denied. Forms that are not completed in full will be returned to senders for completion.

Campus Safety personnel approved to cover and event or activity do so on an overtime basis and will require the requesting department to cover the overtime expense at an hourly rate, budget information must be included in your initial request. We will inform you of approval.

Requester's Name:	Today's Date:
Department:	
Phone Number:	Email Address:
Are you a District Employee: Yes ☐ No ☐	Your Signature:
Area Vice President Signature:	Date:

Name of Event:		Event Date:		
Location of the Event: San Jacinto ☐	Menifee ☐	TEM Complex ☐	TEM Higher Edu ☐	SGPC ☐
Room Number/Place:	Beginning time of event:		Ending time of event:	
Budget Code (Required):				
Purpose of Event:				
Detailed description of activities that will occur at this event or activity:				

I am requesting: Campus Safety Officer (CSO) ☐ #

******This section for Campus Safety Department use only***

Date Received:				
Approved:	Yes	No	Signature:	Date:
Paperwork Fully Completed:	Yes	No		
CSO Assigned:			Total of hours worked:	
CSO Assigned:			Total of hours worked:	
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******This form mush be filled out completely and forwarded to the Campus Safety Department 45 days prior to your event or activity***. *Email form to parking@msjc.edu.*