



JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

Request Form For Room Use

**PLEASE COMPLETE AND RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT
(PRINT ALL REQUIRED INFORMATION)**

EMPLOYEE INFORMATION

Name : _____

Department: _____

Title : _____

Floor Location: _____

Reason for accommodation _____

Or if needed for Nursing:

Indicate return to work date: _____

Immediate Supervisor: _____

ROOM USE AND BREAK TIME REQUEST

ANTICIPATED ROOM USE DURATION

START DATE: _____

END DATE: _____

List additional accommodation requests (if any):

SELECT DAY OF THE WEEK REQUIRED FOR ROOM USE

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

PAID BREAK TIME REQUEST(S) (list all regularly scheduled paid breaks you wish to use for the room):

AM: _____ to _____

PM: _____ to _____

UNPAID BREAK TIME REQUEST(S) (list any unpaid time you wish to use for the room):

AM: : _____ to _____

PM: : _____ to _____

I, _____, the employee above, understand that it is my responsibility to communicate with my Supervisor and Human Resources if there are any changes to the above information.

Employee Signature

Date

HUMAN RESOURCES USE ONLY

RECEIVED: _____

APPROVED: _____

ASSIGNED ROOM: _____