

Facility Use Request for WCC Faculty and Staff Only
--

UNIVERSITY OF HAWAII - WINDWARD COMMUNITY COLLEGE
OCCE OFFICE FAX: (808) 235-7434 • Phone: (808) 235-7433 or X377 • Email: kalaikus@hawaii.edu

Name/Contact Person			Today's Date		Day(s) Requested		Date(s) Requested		
Department/Organization/Office					Room/Facility Requested				
Business Phone		Residence Phone		Cell/Pager					
Email					Purpose of Event				
Start Time*			End Time*		Expected Attendance				
*Include 1/2 hour for set up and 1/2 hour for break down in your start-end times.									
Equipment/Services Request <div><div><input type="checkbox"/> Tables Quantity <input type="text"/></div><div><input type="checkbox"/> Chairs Quantity <input type="text"/></div><div><input type="checkbox"/> Podium</div><div><input type="checkbox"/> Catering/Bring Own Food</div><div><input type="checkbox"/> Air Conditioning</div><div><input type="checkbox"/> Key-Curtain Remote</div><div><input type="checkbox"/> Other _____</div></div>				AV Request <div><div><input type="checkbox"/> Overhead Projector</div><div><input type="checkbox"/> Slide Projector</div><div><input type="checkbox"/> Screen</div><div><input type="checkbox"/> VHS/TV</div><div><input type="checkbox"/> LCD Projector</div><div><input type="checkbox"/> Microphone</div><div><input type="checkbox"/> Other _____</div></div>				COVID Considerations Will Masks Be Required? _____ Will Food Be Served? _____	
								Special Instructions	
I have read the conditions on page two and understand and agree to comply by them.									
Faculty/Staff Signature					Date:				
FOR OCCE USE ONLY									
<div><div><input type="checkbox"/> Air Conditioning Request (after hours) Time: _____</div><div><input type="checkbox"/> Key/Curtain Remote Pick Up Date/Time: _____</div><div><input type="checkbox"/> Set-Up Request Date/Time: _____</div><div><input type="checkbox"/> Breakdown Request Date/Time: _____</div><div><input type="checkbox"/> Administrative Services Notified Cust Req No.: _____</div><div><input type="checkbox"/> Media Notified</div><div><input type="checkbox"/> Catering Notified</div></div>				CONFIRMED (Initial/Date)		Notes			
				Rel Doc No.:					
Reason Request Denied				Approved in Office Tracker Emailed Confirmation		Initials		Date	
<div><div><input type="checkbox"/> Facilities unavailable</div><div><input type="checkbox"/> Use not permitted (under BOR Policy)</div><div><input type="checkbox"/> Other _____</div></div>									

COVID-19 Statement:

The health and safety of our WCC campus community is of utmost importance. Please be mindful that although not required face coverings, hand sanitizing stations, and signage may be recommended for your event. For additional support in planning a safe event, please contact the **WCC COVID Response Team** at covidwcc@hawaii.edu or **808-462-4715**.

Room(s) are set up in a specific configuration. If you need to alter the configuration, you will be responsible for restoring the room(s) to the original configuration.

The User will take full responsibility for:

1. Any special preparation of facilities;
2. Restoring furniture and equipment as originally arranged (room diagram is posted on the wall);
3. Cleaning up all areas affected and disposing trash in outside dumpsters;
4. Preventing use of intoxicants on the premises;
5. Observing the “NO SMOKING” ban where indicated;
6. Preventing games of chance on the premises;
7. Maintaining law and order;
8. Turning off equipment and lights in rooms, hallways, and restrooms before leaving;
9. Picking up and returning key and curtain remote to OCCE office;
10. Reporting any equipment malfunctions or repairs resulting from use.
11. Serving food and drinks outside of carpeted areas to minimize soiling.