

FACULTY OF SCIENCE PERMISSION TO WORK INDEPENDENTLY FORM

SECTION I: WORKER

Name: _____

Supervising Faculty or Staff Member: _____

Type of Work to be Undertaken:

I have read the *Faculty of Science Policy for Working Alone and/or After Hours at Mount Allison University* and agree to abide by the policy. I have received training in proper experimental, research and emergency procedures and understand those procedures for the work I am authorized to undertake after hours or in the field.

Signature: _____ Date: _____

SECTION II: SUPERVISOR PERMISSION

The worker has been trained in proper experimental, research and emergency procedures for the work to be performed after hours or away from campus and understands the requirements of the *Faculty of Science Policy for Working Alone and/or After Hours at Mount Allison University* and any restrictions on work that can be done without direct faculty or staff member supervision. This worker has completed appropriate safety training.

I approve this request for permission to work after hours or in the field.

Building and Room Number(s): _____

Hours Access is Allowed: _____

Duration of Permission: _____

Restriction(s) on Independent Work: _____

Supervisor Signature: _____

Date: _____

Phone: _____ Emergency Phone: _____