



LATE WORK PERMIT/ ACCESS AUTHORITY FORM

After permission to work late in the Department has been obtained, the form should be taken to the **Security Room, Baker Building, Basement level** where additional access rights will be conferred.

Name of Student _____ Course _____

It is requested that this student be given permission to work in:

Laboratory/Office _____

Place tick in box

(a) 24hrs Mondays-Fridays

(b) 24hrs Monday-Sundays

(c) Other _____

Special conditions

(a) Must only work in laboratory with someone else being present

(b) Any other conditions _____

Dates (maximum of 4 years for PhD students or one year Ending 30 June for 4th Year Undergraduate Students)

From

To

I have read and understood the relevant safety and emergency instructions. I agree to abide by any specified special condition.

Signature of Student

Date

Authorised by Supervisor

Date

Authorised by Head of Division

Date



LATE WORKING PERMIT

Name _____ Time _____

Place(s) _____

Dates From

To

Special Conditions: _____