**WORKSTATION USAGE**

**Please complete this form and e-mail to: mcproulx@ucalgary.ca**

|  |
| --- |
| Date:  |

|  |  |  |
| --- | --- | --- |
| Supervisor Name: |  | Requestor Name: |
| Email: |  | Email:  |
| Phone #: |  | Phone #: |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Current office/ desk #: | Current phone # office/desk: | Research staff name:  | Email address: | UCID #:(for floor access) | Job title\*: | Job start & end date: | # of days per week workstation occupied (if not 5: which days, # of hours, am/pm/evening): |
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Please summarize changes (if any) from current situation:

Other comments: