

**Out of Hours Access Approval
(Employees, contractors,
postgraduates)**



Version No: Rev 0

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This Form should be completed by the Head of Department or Manager for persons who require Out of Hours Access in accordance with the terms of Reference of IT Sligo Out of Hours Policy. The completed form should be forwarded at least two days in advance to IT Security			
School/Department			
Location of Access (Room No's)			
Date Access to Begin		Date Access to Finish	
Specify Hours of Access			
Give brief details of the work activities for which Out of Hours Access is sought		Risk Category <small>* Risk Category please refer to section 2.4 of IT Sligo Out of Hours Access Policy</small>	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2
For all Category 2 activities a Risk Assessment is attached		<input type="checkbox"/> Yes	
I the undersigned have been issued with and read all documentation relating to IT Sligo Out of Hours access. I fully understand my responsibilities under this policy. I acknowledge that my access shall be withdrawn in the event of my being found to be working outside the agreed boundaries			
Name of Person Requiring Out of Hours Access	Signature		Date
Out of Hours Approval To be Completed by the Head of Department or Manager			
The above named person(s) is competent to work alone outside of normal hours and has been briefed on IT Sligo Out of Hours Policy and Emergency Procedures. A Risk Assessment has been completed and is attached for any Category 2 activities. This permission will be reviewed should the nature of the work change			
Signature of Head of Department or Manager			
Date			
Received By IT Security	Date		
Copy to Health & Safety Officer		Date	