

KENT STATE UNIVERSITY
UNIVERSITY FACILITIES MANAGEMENT

Building HVAC Scheduling Request

Fax: 330-672-9288

(Please print)

Requester's Name: _____ **Department:** _____

Campus Phone: _____ **E-mail Address:** _____

Date Submitted: _____ **Building:** _____

Account Number: _____ **Rooms/Area/Floor:** _____

Dates needed/Time actually occupied (please circle):

Dates From: _____ To: _____

From: _____ a.m. / p.m. U M T W R F S To: _____ a.m. / p.m. U M T W R F S

Reason for request (eg: classes, seminar/workshop, athletic event, special event, standard M-F office hours):

Period this schedule is to be in affect (check all that apply):

Fall Semester: ☐
Winter Break: ☐
Spring Semester: ☐
Spring Break: ☐

Summer Break: ☐
Intersession: ☐
Summer I: ☐
Summer II: ☐

Summer III: ☐
Orientation Week: ☐
*Special: ☐

*Please be sure to specify reason, date and time above

Curator Signature

Printed Name

Date

Please allow 2 business days for request to be programmed.

Should you have additional concerns regarding this schedule, please contact Energy Management at 330-672-4301 (24301). Please contact BACC at 330-672-2307 (22307) if the equipment is not working properly.

ADMINISTRATION USE ONLY

Cost per hour: _____

Equipment Needed: _____

Approve: ☐

Date Sent to Scheduling: _____

Date Entered w/Intials: _____

Notes: