

Mt. San Jacinto Community College

Campus Safety Event/Activity Request Form

This form is to be used to request Campus Safety coverage for a District Event/Activity. Please allow a minimum of 45 days for scheduling of your event; requests received without sufficient notice may be denied. Forms that are not completed in full will be returned to senders for completion. Campus Safety personnel approved to cover an event or activity do so on an overtime basis and will require the requesting department to cover the overtime expense at an hourly rate, budget information must be included in your initial request. We will inform you of approval. In the interest of staff/public safety, the number of CSO/ Deputies may be subject to mandatory increase by the Director of Campus Safety or designee.

Requester's Name:		Today's Date:	
Department:			
Phone Number:		Email Address:	
Are you a District Employee: Yes No		Your Signature:	
Area Vice President Signature: Date:			
Name of Event:	Eve	ent Date:	
Location of the Event: San Jacinto Men	ifee	Temecula San Gorgonio Pass	
Room Number/Place: Beginning time of event: Ending time of event:			
Budget Code (Required):			
Purpose of Event:			
Detailed description of activities that will occur at this event or activity:			
I am requesting: Campus Safety Officer (CSC))	# Riverside County Sheriff # (2) Dept	ıty Minimum
***This section for Campus Safety Department use only			
Date Received:			
Approved: Yes No	Siş	gnature: Date:	
Paperwork Fully Completed: Yes	No	0	
CSO Assigned: Total of hours worked:			
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^{***}This form mush be filled out completely and forwarded to the Campus Safety Department 45 days prior to your event or activity. Email form to parking@msjc.edu.