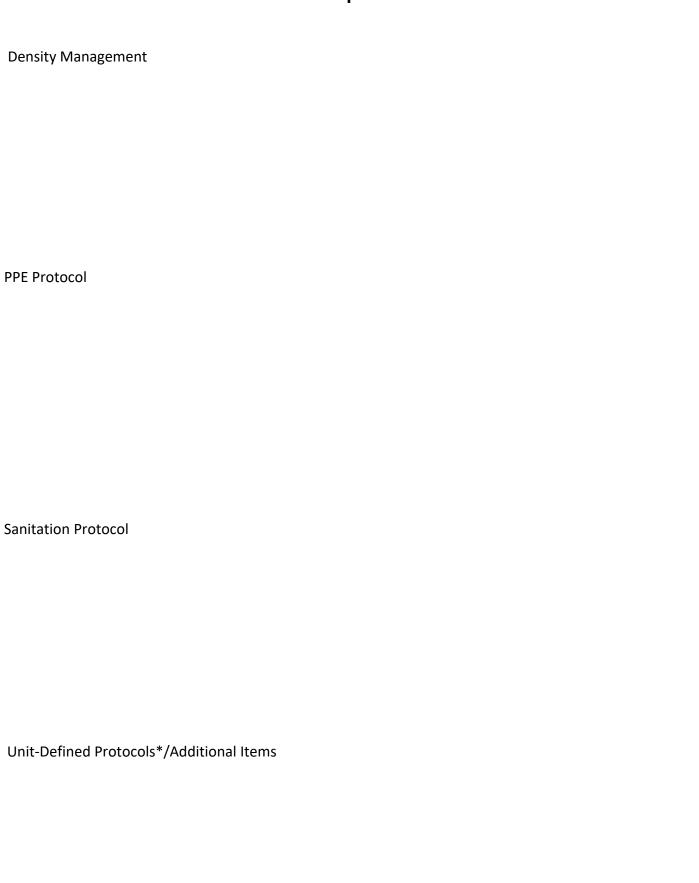
Code Yellow Shared Workspace Resumption Approval Form for On-Campus Research

Location of Workspace:			
Type of Workspace (Lab	o, Conference room, et	cc.):	
Unit Authority:		Size of Workspace:	sq. ft.
Individual Authority:	Name:		
Email:	:	Phone:	
Maximum Number of Pe	eople allowed in Space	e at one time?	
Is this a shared workspa	ice with units external	to UAH or other units within UAH?	Yes No
If yes, please enter Org.,	, Department and Poin	nt of Contact (POC)	
Organization/Depart	ment:	POC Signature:	
POC Name:		POC Email:	
Organization/Department:		POC Signature:	
POC Name:		POC Email:	
Do trainees (students po	ost doc, and/or externa	al participants) have access to the s	hared workspace?
Yes N	No If yes, app	roval needed at the Dean or Center	Director Level
Individual Authority (Fa	aculty/PI/Lab Manager))	
Supervisor:			
Dean/Center Director (i	if needed):		

Workspace Plan



^{*} Unit Authority can add additional requirements for resumption of activities in workspace.