**JLAB SOTR’S SUPERVISOR’S APPROVAL:**

**AFTER-HOURS GUARDS INSTRUCTION**

**WHO** (Subcontractor’s Company Name, name(s) of badged employees):

**WHAT** (Describe job, i.e. what will be brought into, and taken out of buildings)

**WHEN** (What are the expected days and times of the scheduled jobs)

**WHERE** (What buildings, rooms, and areas are involved). Please indicate if Security assistance is required to enter room(s).

**CONTACT**: (Who is the on-call contact person for questions; SOTR(s), supervisor, or manager and contact phone number)

Please hand carry the approved form to: Bldg. 28 (SSC), Room 52/58/60 or

 Send an email to:

 sprouse@jlab.org

 lewellen@jlab.org