



Employee Facility Request

(College Related Business Only - Not to be used for Co-sponsored Events)

Department: _____

Contact Name: _____ **Ext.** _____

Event: _____

Facility Requested: _____

Date (s) Requested: _____

Event Starting Time: _____ **Setup Starting Time:** _____

Event Ending Time: _____ **Cleanup Hours:** _____

Contact Name: _____ **Ext.** _____

Event: _____

Facility Requested: _____

Date (s) Requested: _____

Event Starting Time: _____ **Setup Starting Time:** _____

Event Ending Time: _____ **Cleanup Hours:** _____

Contact Name: _____ **Ext.** _____

Event: _____

Facility Requested: _____

Date (s) Requested: _____

Event Starting Time: _____ **Setup Starting Time:** _____

Event Ending Time: _____ **Cleanup Hours:** _____

Contact Name: _____ **Ext.** _____

Event: _____

Facility Requested: _____

Date (s) Requested: _____

Event Starting Time: _____ **Setup Starting Time:** _____

Event Ending Time: _____ **Cleanup Hours:** _____

To be completed by Campus Reservations Team:

Event Code: _____

Confirmed: _____

Date: _____

Please give a brief description of the room setup below:

Set up Requested: _____

**Please draw a diagram for the room setups in bldgs. 600 (Boardroom)
& 1400 (Back-Half of Cafeteria), if applicable.**



**Please return this form to the Facility Coordinator at:
campus.reservations@solano.edu**

**Please contact the Help Desk at: ext. 4690 or
HelpDesk@solano.edu for any Audio-Visual equipment needs.**