



Request For Building Access to Conduct Research†

[Principal Investigator to complete one for research personnel]

Principal Investigator Information

Name of Principal Investigator
[Last name, first name]

Department

Faculty

Email

Phone

Researcher Information (up to 5)

Please indicate the days and number of hours per day the research personnel will be in the building(s) and room number(s)
 If work can be done remotely, it must continue to be done remotely. Only those with compelling reasons to be on campus should apply.

Name of Researcher <small>[Last name, First name]</small>	Rank of <small>[rank of return of this individual amongst group]</small>
Type of Researcher <small>[Select one]</small>	If Graduate student indicate year in program Specify other
Building(s)	Room Number(s)
(Please select all that apply)	
Days on Campus:	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Start Time:	
End Time:	
Please indicate why it is essential for this person to return at this time [150 words].	

Name of Researcher <small>[Last name, First name]</small>	Rank of <small>[rank of return of this individual amongst group]</small>
Type of Researcher <small>[Select one]</small>	If Graduate student indicate year in program Specify other
Building(s)	Room Number(s)
(Please select all that apply)	
Days on Campus:	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Start Time:	
End Time:	
Please indicate why it is essential for this person to return at this time [150 words].	

† Research is defined to include scholarly activity and creative works.

Name of Researcher

[Last name, First name]

Rank of

[rank of return of this individual amongst group]

Type of Researcher

[Select one]

If Graduate student indicate year in program

Specify other

Building(s)

Room Number(s)

(Please select all that apply)

Days on Campus:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Please indicate why it is essential for this person to return at this time [150 words].

Name of Researcher

[Last name, First name]

Rank of

[rank of return of this individual amongst group]

Type of Researcher

[Select one]

If Graduate student indicate year in program

Specify other

Building(s)

Room Number(s)

(Please select all that apply)

Days on Campus:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Start Time:							
End Time:							
Please indicate why it is essential for this person to return at this time [150 words].							

- Staggered staff on a staggered hours schedule is an approach that is strongly encouraged.
- While not mandatory, wearing a mask – of any kind – while in the lab is **strongly encouraged**.

Attestation:

I confirm and verify as true that:

- The researcher is willing to return;
- I have read and understood the COVID-19 access to buildings protocols as well as the UMLearn module *COVID-19 Safety Training for Research Personnel*;
- All researchers will be required to read and understand the UMLearn module *COVID-19 Safety Training for Research Personnel*;
- If approved, I will ensure that I will follow all COVID-19 access to buildings protocols; and
- If I or any other personnel become ill, I will immediately report this to EHSO.

Approval:

Principal Investigator

Head of the Department

ADR or Dean

VPRIO

SAVE After completing the form. Save and send to the next person for approval, who will add their signature and save, and so on. Final approver email to: Digvir.Jayas@umanitoba.ca

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