**To Director of *DISI***

**POVO 2 AFTERHOURS**

**ENTRANCE AUTHORIZATION**

Name and surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile (emergency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization period beginning ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_end\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested access to the DISI area.

Afterhours include period from 20.30 to 7.30 on week days, from saturday 13.30 on weekends and all bank holidays.

**I agree with the provisions of the rules to legitimately** use labs and facilities of the Department and I comply with following procedures:

1- Afterhours entrance to the Dpt is allowed, prior consent from the Director, to the following categories of users: teachers, researchers, technicians, guests, collaborators, PhD candidates, undergraduate students under thesis, other students for specific needs related to experimental activities (eg, preparation of a project for a limited period). Access is access is granted only to the authorized person and not to any accompanying person.

2- Access and exit afterhours is allowed only through the main entrance in front of the reception (via Somamrive, 9) and the parking in Povo 1, through stairs.

3- It’s mandatory for everybody, because of insurance, security and safety reasons, to sign the register at the reception entrance and exit time. Personnel at the reception will ask for valid document to identify the person.

# Date

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# Signature Supervisor

Director Authorization