

UUCB Request for Custodial Support  
("Green Sheet")

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**DEADLINE FOR SUBMISSION:** 1 week prior to your event, into Facilities Supervisor's mailbox #22

AFTER THIS DATE, YOUR REQUEST FOR SET UP **CANNOT BE GUARANTEED**

Name of event

Event Sponsor (program group/committee)

SINGLE EVENT: Day and Date of event (i.e. Friday, Nov. 14th)

REPEATED EVENT: Day of the week

Start date  End date

Start time  End time

Before event, rooms should be set up by (specify time)

After event, clean up should start at (specify time)

Event Coordinator name

Event Coordinator phone(s)

Cleanup Coordinator name

Cleanup Coordinator phone(s)

Facilities staff dishwasher needed? Yes  (leave box unchecked for "No")

Room(s) Reserved w/Resources Coordinator

Number of persons expected to attend

Coffee set up? Yes    Estimated cups: regular     decaf

Description of set up and equipment needed:

Diagram of furniture etc. placement: please fax drawing separately to (510) 525-9631

\_\_\_\_\_  
Signature of Event Coordinator

\_\_\_\_\_  
Date Submitted