

University of Nebraska – Lincoln
Petition to be Excluded from Ventilation Shutdown

Requesting Department _____
Contact Person _____
Telephone _____
Email _____

Requested Exemption for:

- Evening (6:00 pm to 6:00 am)
- Weekend (Friday, 6:00 pm to Monday 6:00 am)
- Both

If a change in shutdown hours is requested, please identify the proposed hours in Options below.

Requested Building Name _____

- Entire Building
- Specific Floor and/or Wing of Building. Please Specify _____
- Individual Rooms. Please Specify _____

Briefly describe the reason(s) for the exemption.

Options - Identify alternative energy conservation measures that could be taken to minimize the impact of the shutdown on your program. (Examples -- Moving a class to another campus location, a change in shutdown hours (be specific))

Signature

Dean/Director _____ Date _____
College/Admin Unit _____

SEND COMPLETED FORMS TO JIM JACKSON 1901 Y St. 0605, or jjackson5@unl.edu