

### Room Request for Union Meeting

School Name: \_\_\_\_\_

Requests must be submitted to the Principal at least five (5) days in advance of the meeting date.

To be completed by the Union Representative:

Your Name: \_\_\_\_\_

Room Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Time of Meeting: \_\_\_\_\_ to \_\_\_\_\_

To be completed by the Principal:

Request received on: \_\_\_\_\_

Request Approved:    Yes    ☐    No    ☐

Reason if not approved: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Principal will return a copy of this completed form to the Union Representative.