PCSSD ENERGY MANAGEMENT CONTROL SCHEDULE

SCHOOL NAME: _____ **SUBMITTED BY:** _____ _____ **APPROVED:** __ ____ **DATE:**_____

"AM" AND "PM" NOTATIONS ARE REQUIRED FOR EACH EVENT.

DATE OF EVENT	EVENT START TIME	EVENT END TIME	LOCATION (S) &/or ROOM NUMBER (S)	EVENT / PURPOSE	RENTAL** Y or N
EXMPL: 3/12/15 Th	*6:30PM*	*8:00PM*	*CAFETERIA*	*PTA MEETING*	*N*

EMAIL TO DEPARTMENT OF PLANT PLANNING AS FAR IN ADVANCE AS POSSIBLE.
PLEASE ALLOW A MINIMUM OF TWO BUSINESS DAYS TO PROCESS YOUR REQUEST.
plantplanning@pcssd.org

Contact # _____ , if further information required

****IF EVENT SCHEDULED IS A RENTAL, PLEASE ATTACH A COPY OF COMPLETED RENTAL AGREEMENT WITH THIS SCHEDULE AND HAVE PRINCIPAL SIGN AND DATE BELOW.***
ALL OF THIS INFORMATION MUST BE PROVIDED BEFORE RENTAL EVENT CAN BE PROGRAMMED.

RENTAL FEE COLLECTED BY: _____ DATE: _____

Revised January 23, 2018