

# Custodial Record of Facilities Use

This completed form must be submitted for all Facilities Use. For disputes regarding charges please contact our Finance Department at 916.567.5480. **Refusal to sign this form could result in cancellation or denial of future use permits.**

School Site \_\_\_\_\_ Day of Event  M T W Th F S S  Date of Event \_\_\_\_\_  
 Group Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Event/Activity \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Event Schedule

Scheduled Event Start Time on Contract \_\_\_\_\_ a.m./p.m. Custodian begins 30 minutes **before** Group access is given.  
 Scheduled Event End Time on Contract \_\_\_\_\_ a.m./p.m. Normal clean up is 30 minutes **after** Group **vacates** the facility.  
**Actual number of hours Group occupied the facility** \_\_\_\_\_ hours Room and Custodial fees will apply for extra time over contract schedule. Schedule changes must be made at the site office 24-hours in advance

## Custodial Hours

	Custodian Name	Custodian Start Time	Custodian End Time *	Custodian Total Hours Worked	Custodian Signature
Custodian #1	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____	_____
Custodian #2	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____	_____
Custodian #3	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____	_____
Custodian #4	_____	_____ a.m./p.m.	_____ a.m./p.m.	_____	_____
Grand Total Custodial Hours				_____	

\* Last custodian's end time is estimated based on 30 minutes after the group has vacated the building. However, if extra cleaning is needed, more custodial time may be charged. A copy of this form with the revised hours and explanation will accompany your invoice.

## Additional Services & Charges

Stadium Lights Number of Hours \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Other \_\_\_\_\_

## Custodian Comments

(notes, problems, incidents)

## Group Comments

## Acknowledgement

The undersigned hereby acknowledges that the custodian and event hours listed above are correct. Do NOT sign this form if *Grand Total Custodial Hours* is not listed. You must checkout with the custodian when ready to leave.

Date \_\_\_\_\_ Signature of Group Representative \_\_\_\_\_