

**THE TRUSTEES OF CALIFORNIA STATE UNIVERSITY**

**SAN JOSE STATE UNIVERSITY**

**FACILITY USE FOR SJSU ENTITY**

**Use Authorization No.** \_\_\_\_\_  
(FD&O Use Only)

**Date Submitted:** \_\_\_\_\_

**UNIVERSITY USER:**

Name of Department / Entity: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

A. University Department:  
(Additional Description and/or Affiliation)

\_\_\_\_\_  
\_\_\_\_\_

B. Describe the mission of the department, purpose of use of the facility and how the use advances the SJSU academic mission:

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:**

- **Contact events coordinator for your TENTATIVE Room/Facility Reservation**
  - Michelle Liu 4-2448 Academic Planning & Budget (for University Lecture Rooms);
  - Carol Bare 4-3046 Kinesiology (for Spartan Complex);
  - Jody Smith 4-1239 Athletics (for South Campus facilities)
- **Fill out this form; have Dept Chair sign for approval; send back to Sylvia Sosa, Phone, 4-2246; Fax: 4-7243 FD&O**
- **Secure Insurance Liability coverage (if applicable) from:**
  - Suzanne Sundholm 4-2283 Risk & Compliance Group
- **Allow at least 30 days to process including authorized approvals.**
- **A copy of the Authorization will be sent to Academic Scheduling Group and the Department when approved.**

**INTENDED USE:**

*(Describe the intended use of the facilities)*

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**APPROXIMATE NUMBER AND AGE OF PERSONS USING THE FACILITIES**

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**APPROXIMATE NUMBER AND AGE OF PERSONS OBSERVING THE ACTIVITIES**

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**FACILITY:**

*(Descriptive name of premises/specify State-owned fixtures/equipment included.)*

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**LIGHTS:**

With \_\_\_\_\_

Without \_\_\_\_\_

**TERM:**

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

Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_

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

Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_

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

Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_

**SUPERVISION:**

*(Contact information for persons supervising the activities at day of event)*

(1) Name: \_\_\_\_\_  
Print Name

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Print Name

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**DEPARTMENT CHAIR (AUTHORIZED OFFICER):**

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

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

E-Mail: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## **INSURANCE REQUIREMENTS**

### **University Guidelines:**

- SJSU is insured for General Liability under the CSU Risk Pool.
- Faculty, Staff, and Students who undertake ACADEMICALLY related activities that require proof of general liability insurance from the University shall obtain a Certificate of Insurance from University Risk and Compliance.
- Resource Speakers, Alumni, UC/CSU Guests, invited by University Faculty for academic related activities shall be covered for general liability by the CSU Risk Pool.
- All events SPONSORED by the Department involving outside people / students coming to the University shall obtain proper insurance coverage from an approved outside source or University Risk and Compliance.
- A higher limit and/or additional insurance may be required by University and Compliance, depending on the intended use of the facility.
- No Facility Use Authorization shall be released without the required proof of insurance coverage.

### **Education Code Section 89031:**

- Failure (upon notification) or refusal to obtain proper reservation of campus facilities is a misdemeanor pursuant to this provision.

### **University Risk and Compliance:**

- SUZANNE SUNDHOLM  
Risk Analyst  
Phone: (408) 924-2283  
E-Mail: [Suzanne.Sundholm@sjsu.edu](mailto:Suzanne.Sundholm@sjsu.edu)
- MARK LOFTUS  
Associate Director  
University Risk & Compliance  
Phone: (408) 924-2159  
E-Mail: [Mark.Loftus@sjsu.edu](mailto:Mark.Loftus@sjsu.edu)

**FACILITY USE RATE:**

*(Rates shall be in accordance with approved Schedule of Fees)*

LIGHTS: \$ \_\_\_\_\_  
HEATING/COOLING: \$ \_\_\_\_\_  
*(When available)*  
CLEANUP: \$ \_\_\_\_\_  
JANITOR: \$ \_\_\_\_\_  
SPX: \$ \_\_\_\_\_  
OTHER (s): \$ \_\_\_\_\_  
TOTAL FEES: \$ \_\_\_\_\_

**PAYMENT:**

Date of Payment: \_\_\_\_\_

Make Check Payable to: SAN JOSE STATE UNIVERSITY

Send Check to: State of CA Treasury Dept.  
129 S. 10<sup>th</sup> Street  
San Jose, CA 95192  
United States

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**APPROVED :**

\_\_\_\_\_  
William Nance, V Prvst for Acad Bdgts & Plnng

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

\_\_\_\_\_  
Rose Lee, Vice President, Administration & Finance

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