

NEW CREW PROPOSAL

Proposed Crew Name: _____

Proposed Crew Supervisor: _____

Proposed Crew Size: _____

Where will crew office be located: _____

What will be the hours of operation: _____

Description of Crew: _____

Justification for Crew: _____

Contact Information:

Person Proposing Idea: _____ Phone: _____

Email address: _____ Cellphone Number: _____

Faculty/Staff Signature

Signature of person proposing Crew

Date

Please complete this form and return it to the Work Program Office, CPO 6325

Work Program Notes:

Approved: _____ Denied: _____ Date: _____

Justification: _____

Work Program Office Representative