DTMB 2114 (5/11)

BUILDING CLOSURE REQUEST

Event Date _____ Time Requested _____

Department Aging _____ Number of Employees Affected _____

Building Address _____

Explanation of Issue: (Check all that apply)

☐ Water / Sewage ☐ Electrical ☐ Gas ☐ Other (Describe) _____

☐ Heating / Cooling System Failure _____

Building Damage _____

Safety Concerns _____

Present Condition and Forecast for the Next Few Hours: _____

_____

Recommendation from Utility Representative, Fire, Police, Other _____

_____

How was the issue verified? ☐ Local Government _____

☐ Property Owner ☐ Law Enforcement ☐ Utility Company _____

☐ Other (Describe) _____

Agency Building Closure Representative Name and Contact Information _____

_____

Is Employee Reassignment to an Alternate Location Possible?

☐ Yes, Where? _____

☐ No, Why? _____

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CLOSURE OF FACIILTY ☐ APPROVED ☐ DENIED

ADMINISTRATIVE LEAVE AUTHORIZED ☐ APPROVED ☐ DENIED ☐ Not Applicable

_____ _____

DTMB Authorized Representative's Signature **Date**

Distribution: Civil Service Commission, Office of the State Employer, DTMB Real Estate Division, DTMB Public Information Office, DTMB Facilities & Business Services Administration, Affected State Agency Human Resources Director and Building Closure Representative