



Santiago Canyon College

Return to Work Request Form

Date: _____ Name: _____ Department: _____

Items being requested:

Additional Desk Monitor

*Stand Up Desk

Headset w/ Microphone

Webcam

Other: _____

Department/Delivery location:

Site: _____ Building: _____ Room: _____

Contact: _____ Phone: _____ Email: _____

Approvals:

Manager Approval: _____ Date: _____

Print Name

*Facilities/IT Approval: _____ Date: _____

Items marked with an asterisk () must be approved by Facilities/IT Management.

Confirmation of Receipt:

Received by: _____ Date: _____