




AGENCY EMERGENCY RELEASE REQUEST FORM

Date:	Time of Emergency:	Agency Affected:
Name/Title of Requestor:		
Type of Emergency:		
Agency P.O.C.		Phone:
# of Employees to be Released:		
Location:		
Agency Secretary or Designee Approval:		Phone:
Estimated Time of Repair:		
Vendor Point of Contact:		Phone:
COOP Plan Implemented?		
If COOP plan implemented, explain why release is still needed for remaining staff? <small>(MUST ANSWER)</small>		
DGS USE ONLY		
	<input type="checkbox"/> Current Space cannot be Used due to this Emergency <input type="checkbox"/> Agency Needs Release despite Activation of COOP Plan <input type="checkbox"/> Issue Currently being Remediated by Landlord <input type="checkbox"/> DGS Has Made Contact with Landlord _____ <div style="display: flex; justify-content: space-between; width: 100%;"> DGS Staff Receiving Release Request Title </div>	
DGS ORE Review:	<input type="checkbox"/> Emergency Qualifies for a Release <input type="checkbox"/> Emergency May Not Qualify for a Release Comment: _____ Reviewed By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Authorized DGS ORE Signatory Title </div>	
DGS Secretary or Designee Authorization:	APPROVED: ____ DENIED: ____ Reason - _____ Authorized By: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Title </div>	