

CNS User Fee Waiver Form

This form is for use if a CNS facility/tool malfunctions during the course of your scheduled reservation. Please fill out completely and obtain signatures in order to have the user fee waived. Please note that this form needs to be turned into the CNS Administrative Office at LISE 306 within 72 hours of the incident in order not to be charged. This form is only to be used in the event of a machine malfunction, power outage, or other situation beyond normal user control. This form cannot be used if the reason for the problem is user related. Filling out this form is not a guarantee that the fee will automatically be waived. CNS technical and administrative staff reserves the right to make that determination. The fee is not waived until signed by all required parties. Appeals for rejection of a fee waiver request should be made to the Technical Director of CNS.

Date of Incident:

Scheduled Time Start:

Scheduled Time End:

Time Incident Occured:

Name of User:

Group/Institution:

Facility/tool Involved:

Reason for user fee waiver request (please describe in detail the nature of the fee waiver request. Please use a blank sheet if more explanation is needed. Please give as much detail as possible:

If the tool that malfunctioned is in one of the cleanrooms and it was the **only** purpose of your cleanroom visit for that day, please check box:

I request that the Cleanroom Access Fee for Date of Incident also be waived.

User Signature:

Date:

CNS Technical Staff Signature:

Date:

CNS Administrative Staff Signature:

Date:

If the request is rejected, this form will be returned to the user with a brief explanation on a separate piece of paper and attached.