



PLAINFIELD PUBLIC SCHOOLS

Dept. of School Safety and Security

Security Officer Request Form

Please email all requests to: ppssecurity@plainfield.k12.nj.us

Requesting School/Department: Click here to enter text.

Contact Name: Click here to enter text.

Job Function: Click here to enter text.

Phone Number/Extension: Click here to enter text.

Date Request Submitted: [Click to select a date]

Funding Source: Click here to enter text.

Funding Code: Click here to enter text.

Number of Officers Requested: Click here to enter text.

Event Name: Click here to enter text.

Event Location: Click here to enter text.

Event Description: Click here to enter text.

Event Begin Date: [Click to select a date]

Event End Date: [Click to select a date]

Time Begin: Click here to enter text.

Time End: Click here to enter text.

Approximate Attendees: Click here to enter text.

Event History:

Please describe overall climate of the event: Click here to enter text.

Has there been any disruptive behavior prior? Click here to enter text.

If so, please describe: Click here to enter text.

Action taken: Click here to enter text.

Expected Clientele: Click here to enter text.

FOR OFFICE USE ONLY

Date Received:

Approved By:

of Officers Assigned: