



Public Health Management Corporation
Hours of Operation Authorization Form



Agency Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Model: \_\_\_\_\_

Current Site Address: \_\_\_\_\_
(building or school name) (street, city, state, zip)

Table with 2 columns: Current Hours of Operation and Proposed Hours of Operation. Both columns list days from Monday to Friday.

NOTE: If located within a School District of Philadelphia building, please include authorization by the school administration giving permission for use of facilities for proposed hours of operation.

If proposing a change to current hours of operation:

Explain in detail how the change in the hours of operation would benefit your program and its youth, including a detailed outline of the types of activities that will be implemented during these hours.

Recommended by Program Specialist
Reason: \_\_\_\_\_

Not recommended by Program Specialist
Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
Agency Authorized Representative

PHMC Not approved Approved: \_\_\_\_\_
Monitor Supervisor Signature, Print Name, Date

Operations Manager Signature, Print Name, Date