



Departmental PPE and Cleaning Supplies Requisition Form

Name: _____ Department: _____

GL #: 10-03-30500

Desired Delivery Date: _____

As part of Molloy's ongoing efforts to minimize the potential spread of Covid-19, the College will provide employees with **hand sanitizer** and **disinfecting wipes** for cleaning work surfaces as needed. Please check the applicable box below and indicate the number you are requesting.

Disinfecting (Clorox) Wipes

Hand Sanitizer

Requested _____

Requested _____

Face Shields will be provided to employees working in Student Health Services or in Clinic settings only. If you wish to order face shields, please check the box below and indicate the number you are requesting.

Face Shields

Requested _____

Instructions: When you have completed this form, select "Save As" from the File menu and name the new file with your first initial and last name.

Please email the form to both Peggy Salute, psalute@molloy.edu and Chris Keating, ckeating@molloy.edu.

If you have questions regarding PPE or cleaning supplies, please email Peggy Salute (psalute@molloy.edu).

Internal Use Only:

D- Date: _____

Initials: _____