This form is used to request binding OPS assistance and to project anticipated benefits in productivity. Please send completed forms to Cathy Mook.

Library/Unit: ________________________________

Type of Hours Requested (check one; use separate form for each type)

☐ Supplemental funding, in addition to my unit’s normal funding of binding

☐ Full funding of my unit’s binding operations (requires supervisor’s signature)

Number of OPS hours requested: ___________________________ / hours per week.

Format of Materials for which assistance is requested (select all that apply):

☐ Atlases

☐ Monographs/Books

☐ Periodicals

☐ Scores

☐ Serials

☐ Theses/Dissertations

☐ Other: ___________________________

☐ Other: ___________________________

Type of Work (select all that apply)

☐ Gathering volumes

☐ Collating issues

☐ Page replacement or Collar treatments

☐ NOTIS or CLARR work

☐ LARS work

☐ Boxing/Unboxing

☐ Charging/Discharging

☐ Quality Control

☐ Other: ___________________________

☐ Other: ___________________________

Describe how this OPS will effect the productivity of your binding unit: (use back of sheet)

I understand that the Library Binding Committee is working toward the establishment of performance measures for commercial bindery preparations and returns.

I agree to provide direction and supervision for OPS staff assigned to my Unit and to ensure that they meet performance measures when set.

Your Name ( Typed or Printed): ________________________________

Your Signature: ________________________________

Supervisor’s Signature (if required): ________________________________

Today’s Date: ________________________________