



REQUEST TO WORK OUTSIDE NORMAL WORK SCHEDULE (FRIDAY, SATURDAY, SUNDAY)

SUBCONTRACT/PO NO.:	SUBCONTRACTOR NAME:
NAME OF SUBCONTRACT EMPLOYEE AND BADGE NO.:	DATE PREPARED:
DATE(S) HOURS REQUESTED:	REASON FOR REQUEST:
PLANNED ACTIVITIES:	

SUBMITTED BY:		
STR/TOR NAME: (PRINT)	APPROVAL SIGNATURE	DATE
DESIGNATED CNS REPRESENTATIVE TO PROVIDE OVERSIGHT (IF NOT THE STR/TOR):	APPROVAL SIGNATURE OF REPRESENTATIVE	DATE

Copies: STR File
Subcontractor Company