

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

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