

IBEW LOCAL 48
SHIFT CHANGE REQUEST FORM
72 HOURS NOTIFICATION
(PLEASE PRINT LEGIBLY)

PLEASE EMAIL FORM TO ALAN@IBEW48.COM OR FAX TO 503.251.9759

TODAY'S DATE COMPANY NAME

PROJECT NAME

JOB SITE ADDRESS

CITY STATE ZIP

CONTACT TITLE

PHONE FAX

EMAIL

SHIFT CHANGE REQUESTED:

AGREEMENT: INSIDE SOUND & COMM MATERIAL HANDLER & LIGHT FIXTURE MAINTENANCE

SHIFT

DAYS

TIME

START DATE END DATE

PURPOSE OF SHIFT CHANGE:

BUSINESS MANAGER'S APPROVAL:	YES	NO
SIGNATURE _____	DATE _____	

COMMENTS: