

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

PLEASE EMAIL FORM TO WILL@IBEW48.COM OR FAX TO (503)251-9952

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:

