



OVERTIME ALLOCATION REQUEST

Date Issued: _____

Trade/Department: _____

Vessel/Work Location: _____

Date Required: _____

Shift Required:

Day

☐

Afternoon

☐

INDIVIDUAL NAME (PLEASE PRINT FULLNAME)	TRADE QUALIFICATION/SUBCONTRACTOR Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

If Contractor – Confirm Union -> Circle: Yes

Description of Work, Safety Concerns and Area (example: void space and/or asbestos work)
1.
2.
3.
4.
5.

Note 1: Production Schedule Maintenance is based on this manning allocation.

Note 2: You must identify if needing hot work permit or entering confined spaces or other extraordinary work that requires a Safety Coordinator and/or ERT member on site by Thursday 9:00 am to Manager, Compliance & Certification.

Note 3: Identify if working outside hours of 06:30 – 15:00 hrs.

SUBMIT FORMS TO KARYN SAVAGE, EXECUTIVE OFFICE BY FRIDAY 12:00 NOON