

PRODUCTION ADDITIONAL MANHOURS AUTHORIZATION

FROM:	DATE:
	START TIME:
VIA:	TO: Division Director (Code _____)

It is requested that additional man-hours be authorized for the Division (Code _____) for the reason(s) indicated:

- URGENT FLEET REQUIREMENT**
 EMERGENCY
 AIRCRAFT
 OTHER (JUSTIFY)

Number of hours per person _____

SHOP

(Choose one) <input type="checkbox"/> SEQ/BUNO <input type="checkbox"/> DATE(S)	Trade/Shop			JUSTIFICATION & DESCRIPTION OF WORK TO BE PERFORMED															
	SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	
PERSONS SUB-TOTAL																			Production Support Requested <input type="checkbox"/> QA <input type="checkbox"/> PC <input type="checkbox"/> ES <input type="checkbox"/> HS <input type="checkbox"/> Transportation <input type="checkbox"/> Other <input type="checkbox"/> Other
SUPERVISOR																			
TOTAL PERSONS																			
PRODUCTION HOURS																			
SUPERVISOR HOURS																			TOTAL SUPERVISOR HOURS
TOTAL HOURS																			

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	NAME (Last, First MI) <i>(Print neatly)</i>	SIGNATURE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	NAME (Last, First MI) <i>(Print neatly)</i>	SIGNATURE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	NAME (Last, First MI) <i>(Print neatly)</i>	SIGNATURE	DATE