

SHIFT MODIFICATION NOTICE

DATE OF REQUEST: _____

JOB NAME: _____

JOB ADDRESS OR LOCATION: _____

PERSON REQUESTING MODIFICATION: _____

COMPANY: _____

CONTACT PERSON'S

PHONE NUMBER: _____ FAX NUMBER: _____

Please check the appropriate shift information:

INSIDE AGREEMENT MO VDVS AGREEMENT NMA

1st SHIFT 2nd SHIFT STANDARD 3rd SHIFT (Monday-Friday)

3rd SHIFT *(Sunday through Thursday)

SPECIAL SHIFT *(2nd Shift Conditions–3rd Shift Rates – 2 to 4 Day's Duration)

UNUSUAL CUSTOMER REQUEST (Requires Mutual Agreement)

SHIFT MODIFICATION TIMES: _____

SHIFT START DATE: _____ SHIFT DURATION: _____

APPROXIMATE NUMBER OF EMPLOYEES: _____

COMMENTS: _____

Fax this Notice to St. Louis Chapter, NECA at (314) 644-5507 **AND TO**
Local Union No. 1, IBEW at (314) 647-1358.

*This option may be implemented provided no Employee is required to lose a day's pay due to transfer to or from a Third Shift assignment. When mid-week transfers are implemented by assigning the transferred individual to two shifts during a 24-hour period, the latter shift shall be compensated at double the straight-time rate of pay. Unless mutually agreed differently, time worked prior to midnight on Sunday is overtime and shall be paid at double the straight-time rate of pay.