



**Date Requested:**

**Unit:**

**Specific Equipment/System:**

**Estimated Time Period for Outage:**

Start Date/Time: /

End Date/Time: /

**APPROVALS**

Exception is not granted until approved by the appropriate level Supervisor and Manager, or their designees. Approval may be verbal. If so, please note.

**Signature**

**Requested by:**  
(Supervisor Level)

**Approved by:**  
(Manager Level)

*Submit completed form to Human Resources.*

**ATTENTION:** Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.