

MCAS Iwakuni Outside Authorized Working Hours Request
(Submit to PMO Pass and Registration Office 5 Business Days in Advance)

MEMORANDUM

Date: _____
DD/MMM/YYYY

From: _____ / _____ / _____
Requester's Name Section/Company Name Phone Number
*Contract Manager (for contractors)
*Section Supervisor (for MLC/IHA)

To: Provost Marshal (Attn: PMO Pass and Registration Office)

Subj: MCAS IWAKUNI OUTSIDE AUTHORIZED WORKING HOURS REQUEST

Ref: (a) MCASO 5500.2W

1. Per the reference, this is a supplemental request to appendix B for the below listed employee to be granted station access to work outside of their original DBIDS Card/Pass authorized hours. Requestor acknowledges this request deviates from the original employment hours and understand this after hours access authorization will expire on the original contract termination date (as applicable), original issued DBIDS card expiration date or revoke (as appropriate).

☐ Copy of original contract, SPOT LOA, or Letter of Employment

☐ Schedule of multiple days/time/location - See enclosure (1)

Pass/DBIDS Card#: _____

Name (Last, First): _____

Location of After Hours Work: _____

Requested Date/Time/Days: _____

Start: _____ End: _____
Day (DD/MMM/YYYY) Time Day (DD/MMM/YYYY) Time

Days of Work: Sun, Mon, Tue, Wed, Thu, Fri, Sat

Requester's Name: *Contract Manager (for contractors) or Section Supervisor (for MLC/IHA):

Contract Manager/Supervisor Print Name Signature Date

Department Head: ☐ Approved - ☐ Not Approved

Print Name Signature Date
*Personnel Authorized by Appendix M

Provost Marshal or Designee: ☐ Approved - ☐ Not Approved

Print Name Signature Date

MCAS Iwakuni Outside Authorized Working Hours Request

| | DBIDS PASS NO. | LAST NAME | FIRST NAME | WORK LOCATION | START DATE | END DATE | START TIME | END TIME |
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NOT VALID WITHOUT PMO STAMP / DATE