

# MCAS IWAKUNI OUTSIDE AUTHORIZED WORKING HOURS REQUEST

(Submit to PMO Pass and Registration 5 Business Days in Advance)

**MEMORANDUM**

Date: \_\_\_\_\_  
YYYY/MM/DD

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Requestor's Name\*Contract Manager or Section Supervisor/Section/Contact Number)

To: Provost Marshal (Attn: PMO Admin Section)

Subj: OUTSIDE AUTHORIZED WORKING HOURS REQUEST

Ref: (a) MCASO 5500.2V

1. Per the reference, it is requested that the below listed employee(s) be granted station access to work outside of their DBIDS Card/Pass authorized hours. It is understood that this after hours access is valid up to a maximum of three months, at which time another request must be submitted.

**Check if requesting for multiple days/personnel - See Enclosure (1)**

Pass/DBIDS Card No: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Location of After Hours Work: \_\_\_\_\_

Requested Date/Hours:

Start: \_\_\_\_\_ End: \_\_\_\_\_  
Day (YYYY/MM/DD) Time Day (YYYY/MM/DD) Time

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

\_\_\_\_\_  
Signature of Contract Manager Contract Manager Print / Date

**Department Head:** Approved - Not Approved

\_\_\_\_\_  
Signature of Department Head Department Head Print / Date

**Provost Marshal:** Approved - Not Approved

\_\_\_\_\_  
Signature of Provost Marshal Provost Marshal Print / Date

**PMO Pass & Registration:**

Action taken: DBIDS Status Notification or DBIDS Paper Pass

Processed by: \_\_\_\_\_  
P&R Signature P&R Print & 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