



IBT LOCAL 804 9.5 OPT-IN LIST REQUEST FORM

34-21 REVIEW AVENUE, LONG ISLAND CITY, NY 11101

Pursuant to Article 37 of the contract, I am hereby notifying the company through my Center Manager that I wish to be placed on the 9.5 Opt-In list for a five-month period, excluding November and December.

As documented below, I worked more than 9.5 hours on three or more days in one work week.

Day	Date	Route	Start Time	Lunch	End Time	Hours Worked
Mon						
Tues						
Wed						
Thurs						
Fri						

Driver's Name [PLEASE PRINT]

Driver's Signature

Date

Shop Steward Name

Shop Steward Signature

Date

Center Manager's Name

Center Manager's Signature

Date

_____ Indicate here if Center Manager refuses to sign. Write down date, time and location that this form was delivered to the Center Manager without their signature.

The driver and shop steward should each maintain a copy of the completed form.