

**NATIONAL INSTITUTES OF HEALTH
CONTRACTOR WORK SCHEDULE FOR WORK TO BE PERFORMED
OUTSIDE NORMAL WORK HOURS***

PLEASE COMPLETE EACH SECTION OF THE FORM

NOTE

**Schedule must be approved and forwarded to PoliceChief@NIH.gov,
prior to start of work.**

Work Date:

Contractor's Name:

Contractor's Address:

Contractor's Telephone (Office):

Contractor's Employee's Name:

Superintendent Name:

Building Number:

Room Number:

Type of Work:

Remarks:

Contractor's Signature: _____ Telephone: _____

APPROVED:

Project Officer's Signature: _____ Telephone: _____

Project Officer's Name: _____

* 6p.m. to 6 a.m. daily - 24 hours Saturday, Sunday and Holidays