Temporary Hazardous Work Justification Form

Directions: Complete the following form and submit with appropriate timesheet to payroll department.

Name of Employee: _____ Position/Title:_____SS#:_____

TYPE OF HAZARD (briefly state the hazardous situation/work employee performed):

_____

_____

Date: _____ Time - From: _____ To:_____ Total Hours: _____

Office: _____ Ministry: _____

Supervisor Name_____ Signature: _____ Date: _____

Approved by (Director/Minister Level): _____ Date: _____

Name of Employee: _____ Position/Title:_____SS#:_____

DEFINITION OF HAZARD (briefly state the hazardous situation/work employee performed):

_____

_____

Date: _____ Time - From: _____ To:_____ Total Hours: _____

Office: _____ Ministry: _____

Supervisor Name_____ Signature: _____ Date: _____

Approved by (Director/Minister Level): _____ Date: _____

Name of Employee: _____ Position/Title:_____SS#:_____

DEFINITION OF HAZARD (briefly state the hazardous situation/work employee performed):

_____

_____

Date: _____ Time - From: _____ To:_____ Total Hours: _____

Office: _____ Ministry: _____

Supervisor Name_____ Signature: _____ Date: _____

Approved by (Director/Minister Level): _____ Date: _____