



IAMAW Local Lodge 912

PO Box 62661; Cincinnati OH 45262-0641

Plant Office: One Neumann Way Mail Drop E161
Cincinnati, OH 45215-1988
(513) 243-2695 (513) 243-7630

EMPLOYEE HARDSHIP REQUEST FORM

(Please print)

I, _____, badge _____, seniority date _____,
SSO # _____, request a hardship from _____ shift to _____ shift
beginning on _____ (date) and ending on _____ (date) in accordance with
the understanding printed on the opposite side of this request. I also
acknowledge that I will return to my normal shift at the end of this hardship
period.

_____ Signature (Employee)

_____ Date

Hardship Request Acknowledged by:

_____ (Committee person and date)

_____ (Committee person and date)

This request is _____ approved _____ not approved.

_____ (Surplus Group Manager and date)

Note: IAM Employees wishing to request a Hardship will need to pick up the
above noted letter/form from their Human Resource Representative or the Hourly
Staffing Office for completion.