

TEMPORARY HAZARDOUS WORK JUSTIFICATION FORM**Directions:** Complete the following form and submit with appropriate timesheet to payroll department.**Employee Name:** _____ **Position Title:** _____ **SSN:** _____**Bureau/Office:** _____ **Ministry:** _____**TYPE OF HAZARD:** Briefly state the hazardous situation/work the employee performed.

Date	Time		Total Hours	Type of Activity
	From	To		
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____
				<input type="checkbox"/> PSC Inspection
				<input type="checkbox"/> Vessel Clearance
				<input type="checkbox"/> FS Inspection
				<input type="checkbox"/> Other: _____

Prepared by (Print & Sign): _____

Date: _____

Certified by (Supervisor/Designee): _____

Date: _____