

Notification of assignment on weekends, public holidays and nights by external companies (temporary)

Please fill in on PC or in PRINTED CAPITALS. If applicable, all information not marked "optional" is mandatory. Only complete and legible applications can be processed. The applicant is solely responsible for the accuracy of the data.

Order placed by		
CHEMPARK partner		
Last name, first name (person responsible for	order)	
Mobile number while th job is being carried out		
Job is carried out by		
Company, address		
Last name, first name contact person		Mobile number while the job is being carried out
Details of the assignm	nent	
CHEMPARK site	DOR LEV UE	٦
Weekend and/or holida	y work (time window 06:00 to	20:00)
Days [Sat Sun Holida	у
Date of first shift		Date of last shift
Nighttime work (time v	window 20:00 to 06:00)	
Nights Mon/Tue	Tue/Wed Wed/Th	nu Thu/Fri Fri/Sat Sat/Sun Sun/Mon
Date of first shift		Date of last shift
General job description	n of the employees of the abo	ove-mentioned external company mentioned in the following.
Special features and re	emarks	
Destination plant/ building no.		

*The deputy of the person responsible for the order must belong to the same company as that person.

Registration no later than 1 working day before the start of the assignment by 2:00 p.m. Validity max. 1 week from first date of use. Access exclusively via Autohof (truck access gate).



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Names of the	employees used by the external company named on pa	age 1	
Last name.	empreyees asset by the external company harnes on pa	CHEMPARK ID	Check-in-form
first name		available	included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
Last name, first name		CHEMPARK ID available	Check-in-form included
For addition	nal employees see supplementary sheet		
For the compa	any carrying out the job		
	s authorized representative, I affirm that I have the legally requir t, the contact person of my company named on page 1 must be r		
Date	Name in PRINTED CAPITALS	Signature	
For the orderin	ng party at CHEMPARK		
	sponsible for the order of the company located at CHEMPARK, I my deputy) can be reached at the above mobile number while		e of the details of the
Date	Name in PRINTED CAPITALS	Signature	

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