

**U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
LIVESTOCK, POULTRY, AND SEED PROGRAM  
QUALITY ASSESSMENT DIVISION**

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**WORK SCHEDULE REQUEST**

Submit Completed Form:	USDA, MRP, AMS, LPS, QAD Business Operations Branch 10809 Executive Center Drive, Suite 318 Little Rock, AR 72211-6022	E-mail: QAD.BusinessOps@ams.usda.gov
		Telephone: 501-312-2962      Fax: 501-312-2968

**Regulations Applicable to the Requested Services**

<input type="checkbox"/> Voluntary Grading of Shell Eggs (7CFR Part 56)	<input type="checkbox"/> Meats, Prepared Meats, and Meat Products (Grading, Certification, and Standards) (7CFR Part 54)
<input type="checkbox"/> Voluntary Grading of Poultry Products and Rabbit Products (7CFR Part 70)	<input type="checkbox"/> Livestock, Meat, and other Agricultural Commodities (Quality Systems Verification Programs) (7CFR Part 62)

The provisions of the above selected Regulations shall be applicable to this application and the signers thereof. The days and number of hours shown below will be established as the normal work schedule for this plant(s). The firm may terminate the application at their discretion, effective at close of business on any Saturday, by giving written notice to the Business Operations Branch at least 30 days prior to such Saturday. The following hours of service are requested for this agreement.

Firm Name:		FSIS/Plant Number:				Miles:			
Location of Service Address:		Service Request Hours (Total Hours Per Day/Shift)							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date:	Title of Firm Representative:	Signature of Firm Representative:				E-mail Address:			

Firm Name:		FSIS/Plant Number:				Miles:			
Location of Service Address:		Service Request Hours (Total Hours Per Day/Shift)							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date:	Title of Firm Representative:	Signature of Firm Representative:				E-mail Address:			

Firm Name:		FSIS/Plant Number:				Miles:			
Location of Service Address:		Service Request Hours (Total Hours Per Day/Shift)							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date:	Title of Firm Representative:	Signature of Firm Representative:				E-mail Address:			

Holiday Hours (If applicable)	Regular:	Night Differential:	
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Special Provisions

**FOR OFFICIAL USE ONLY**

Effective Date of Agreement:	Signature of Approving Official:	Date Signed:
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