

**U.S. DEPARTMENT OF AGRICULTURE**  
 AGRICULTURAL MARKETING SERVICE  
 Livestock and Poultry Program  
 Quality Assessment Division

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0128. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**WORK SCHEDULE REQUEST**

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Submit Completed Form to: **USDA, MRP, AMS, L&P, QAD**  
 (Choose one option) Business Operations Branch  
 10809 Executive Center Drive, Suite 318  
 Little Rock, AR 72211-6022

Email: [QAD.BusinessOps@usda.gov](mailto:QAD.BusinessOps@usda.gov)  
 Telephone: 501-312-2962  
 Fax: 1-844-345-3575

**REGULATIONS APPLICABLE TO REQUESTED SERVICE(S):**

- Meats, Prepared Meats, and Meat Products (Grading, Certification, and Standards) (7 CFR Part 54)       Grading of Shell Eggs (7 CFR Part 56)  
 Quality Systems Verification Programs (7 CFR Part 62)       Grading of Poultry Products and Rabbit Products (7 CFR Part 70)

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.

Applicant Name:				FSIS/Plant Number:				Miles:			
Location of Service Address:				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date:	Title of Applicant Representative:			Signature of Applicant Representative:				Email Address:			

Applicant Name:				FSIS/Plant Number:				Miles:			
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Location of Service Address:				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Date:	Title of Applicant Representative:			Signature of Applicant Representative:				Email Address:			

**SPECIAL PROVISIONS:**

**FOR OFFICIAL USE ONLY**

Effective Date of Agreement: (Sunday only)	Approved By: (Signature)	Date Signed:
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