



Office of the State Controller

EMERGENCY SPECIAL HOURS REQUEST

Agencies are required to submit this form, signed by agency authorized personnel, at least three (3) working days in advance. This form should be used for any exceptions to the published weekend hours noted on the monthly Operations Calendar located in the Operations door of the SIG.

<u>AGENCY INFORMATION:</u>	
DEPARTMENT: _____	
PERSON REQUESTING: _____	
PHONE: _____	EMAIL ADDRESS: _____
REGION (check one):	P _____ NC23 _____ U _____
<u>REQUEST INFORMATION:</u>	
DATE REQUESTED: _____	HOURS REQUESTED: _____
Check necessary support areas required: Data Entry Only <input type="checkbox"/> Production Cycle/DSS Update <input type="checkbox"/>	
<u>SPECIAL HOURS JUSTIFICATION:</u>	
Give a brief description of the emergency that necessitates that NCAS production be offered on special hours: _____ _____ _____ _____	
<u>SIGNATURE AUTHORIZATION:</u>	
Agency Authorized Personnel Name _____	_____ Date
OSC/SA Management Signature _____	_____ Date
OSC/ITD Technical Signature _____	_____ Date

Please email this form to osc.support.services@osc.nc.gov, or FAX this form to 919-981-5561, Attn: Technical Applications Manager. If you have questions, contact the OSC/NCAS Support Services Section at 919-707-0795.