

ATS REPORT ON EXTENSION OF SHIFTS

A.	REPORT BY AIR TRAFFIC SERVICE PERSONNEL MEMBER	
1.	Full name of air traffic service personnel member	
2.	License number	
3.	Unit at which privileges are exercised	
4.	Date on which extension occurred	
5.	Reasons for extension	
	SIGNATURE OF ATS PERSONNEL MEMBER	NAME IN BLOCK LETTERS
		DATE

B.	REPORT BY EMPLOYER (AIR TRAFFIC SERVICE UNIT)	
1.	Name of Employer	
2.	Approval Number	
3.	Date on which extension occurred	
4.	Reason for extension	
	SIGNATURE OF EMPLOYER (AIR TRAFFIC SERVICE UNIT)	NAME IN BLOCK LETTERS
		DATE