

*J. Garnons Williams Ltd.*

**STAT REQUEST**

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

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Dates and Shifts Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Shifts: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

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**Stat Bank Verification by Program Manager & Payroll**

Sufficient Bank Available:       Insufficient Bank Available:

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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**Stat Coverage Confirmation by Scheduling Manager**

Approved:       Date: \_\_\_\_\_

Denied       Date: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

Scheduling Manager: \_\_\_\_\_

Date Copied to Employee: \_\_\_\_\_

\*\*Form to be fully completed and attached to the time sheet on Payroll Cutoff date\*\*