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Office Hours Adjustment Request Form

Document # 20100211 – 022A

Reviewed: May 2023

Next Review: May 2025

Authorised: Group Human Resources & Compliance Manager

Name: _____ Department: _____

I hereby apply to have my daily office contact hours adjusted as follows:

Start time: _____ (hh:mm AM/PM)

Finish time: _____ (hh:mm AM/PM)

Reasons for application (attach supporting documentation if appropriate):

Signature: _____ Date: _____

Management Use:

Supervisor Approval: YES NO

Supervisor Comments:

Group Human Resources & Compliance Manager Approval: YES NO

If rejected by HR Manager then a formal response is to be returned to staff member in a timely manner with reasons as to the rejection. If approved, confirmation of approval to be passed to staff member accordingly. This form is not to go back to the staff member and is to be kept by the HR Manager for record keeping purposes. A copy of the response to the staff member should be attached to this form.