

# REQUEST FOR WAIVERS OF TIME-IN-TITLE OR LOCATION

This form **must** be completed for consideration of Time-in-Title or Time-in-Location waivers.

Waiver Request for: \_\_\_\_\_

Employee Name/Social Security Number

Waiver for:  Time-in-Title  Time-in-Location

Satisfactory Performance/Attendance:  Yes  No

Employee's Current Title/Location:

\_\_\_\_\_

Current Time-in-Title Requirement/Time Accrued Toward:

\_\_\_\_\_

Reason for Recommending Waiver, Including Desired Title and Location (Be specific; add additional sheet if necessary.)

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

Submitted and Concurred by:

\_\_\_\_\_  
Manager/Organization CWA Representative/Local #

\_\_\_\_\_  
Approved by (Director of HRO)

Submitted by:

U S WEST

CWA

Name

Phone Number

Fax Number

Date

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

**FAX THIS REQUEST TO MARK PETERSEN ON 303 793-7440**

(Telephone Number 303 793-7412)

Approved by

\_\_\_\_\_  
U S WEST Communications  
Labor Relations

\_\_\_\_\_  
CWA District 7