

Request for Variation In Contracted Hours: Application Form.
 Please send to the Department of Health via: The Pharmaceutical
 Department, BSO, 2 Franklin Street, Belfast, BT2 8DQ

Contractor Name:						
Contractor Address						
Contractor Number:						
	Current Contracted Hours		Requested Contracted Hours		Lunchtime Closing, if applicable	
	Open	Close	Open	Close	Close	Open
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Reason for request						
<p>I wish to apply for a variation of my contracted hours, as shown in the Pharmaceutical List. I understand that, should my application be successful, I may not act upon the requested changes until 8 weeks after I have received notification from the Department of Health.</p>						
Name: <i>(please print)</i>						
Job Title/ Role:						
Signature:					Date:	