



## Application for Annual Review of Hours

Name: \_\_\_\_\_

Store: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Current Band: \_\_\_\_\_

Justification for review of annual hours:

---

---

---

Date claim submitted: \_\_\_\_\_

Manager submitted to: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Manager's response: \_\_\_\_\_

Justification for Response:

---

---

---

Manager Signature: \_\_\_\_\_

Date Response given: \_\_\_\_\_