Notification of Exceeding the Limitations of an ATCO Rostering System

Please complete this form online (preferred method). Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink, scan and submit as indicated in section 4.

Civil Aviation Authority

1. Duty Details

Air traffic control unit name: .....

Controller name:..... **Watch (if applicable):** .....

On duty as: ..... **Operational position:** .....

Start time of shift: ..... **Actual finish time of shift:** .....

Start time of operational duty: ..... **Time operational duty ceased:**.....

Date: .....

Details of Excess Hours worked:

2. ATC Supervisor's Report

Provide reasons for Excess Hours worked:

Name of ATC Supervisor: .....

3. Local Management Action

Name of Local Manager: .....

4. Submission Instructions

After completion please email a copy of the form to asddocs@caa.co.uk by clicking on the button below

Email to CAA