**REQUEST FOR CORRECTION OF THE SCHEDULED WORKING TIME AT THE SHOPPING CENTER CUP**

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| **Company name:**  |
| **Name, surname of the responsible person, tel.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The reasons for the correction of the scheduled working time:** |
| **Correction of the scheduled working time:**Start on \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ month, 20\_\_, at \_\_\_\_\_\_\_\_\_\_ o‘clock. End on \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ month, 20\_\_, at \_\_\_\_\_\_\_\_\_\_ o‘clock.  |
| **Notes:** |
| **Name, surname, signature of responsible person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Permission granted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name, surname, signature of the Lease Manager)***Permission granted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name, surname, signature of the Director*) |

\**The request for permit shall be submitted for Administration‘s approval no later than 36 hours before the start of the planned works on working days, and no later than on Thursday, until 5.30PM for works on weekends, by e-mail:* *reklama@cup.lt**.*

*\*\** The w*orks can be performed until 08.00AM or after 9.00PM (or by special agreement).*