



Shift Request Form



EXPERIMENT DETAILS

Experiment #	Experiment Name	Date
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REQUESTOR INFORMATION

Name

Email

Number of Shifts (8 hr/day)

Preferred Dates (including setup time)	-
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	-

Does your experiment require additional setup time?

No Yes (a small amount that can be performed by experiment group members during designated beam time) Yes (more than 1 day and/or special equipment and/or ATF expertise) contact Karl Kusche, kusche@bnl.gov

Comments:

OFFICE USE

Scheduled Dates	-
	-
	-

Please submit to the ATF Operations Coordinator, Mikhail Fedurin (fedurin@bnl.gov)