

TIME-OFF REQUEST

Always try and get your hours covered.

Staff Name: _____

Date of request: _____

| Date of request | Day | Hours Scheduled | Hours Covered | *Covered by |
|-----------------|-----------|-----------------|---------------|-------------|
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |
| ___/___/___ | M-T-W-R-F | _____ | _____ | _____ |

Total: _____

*If no one can cover, indicate with "n/c" .

Authorized by: _____

Signature _____

Date: ___/___/_____