

# 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: \_\_\_/\_\_\_/\_\_\_\_\_