

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: ___/___/_____