

# *Request For Shift Coverage*

All time off must be covered and Approved

Vacation dates should be given with as much notice as possible

Employee \_\_\_\_\_ Date \_\_\_\_\_ Day \_\_\_\_\_ Shift \_\_\_\_\_

Person Covering \_\_\_\_\_ Approved \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_ Day \_\_\_\_\_ Shift \_\_\_\_\_

Person Covering \_\_\_\_\_ Approved \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_ Day \_\_\_\_\_ Shift \_\_\_\_\_

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Person Covering \_\_\_\_\_ Approved \_\_\_\_\_