

Day(s) off Request

Complete this form if you are requesting a day off from your work schedule. The form must be completed even if you found a sub to take your place.

Return the form to the Program Coordinator through office visit, mail or fax. *Forms must be returned at least three days prior (if not sooner) before the program starts or request is needed.*

Request will be denied if the form is not completed and returned correctly.

Please make sure to secure someone who can fulfill your position. i.e.: If you are a driver, the person subbing for you must be able to drive.

Person Requesting Off _____

Program Name _____

Program Day/Date _____

Program Time Start----- End _____

Your Scheduled Time to Work Start _____ End _____

Program Location
(Name, address/ city) _____

Other Program Information
(Content, driver/rider, etc) _____

Reason why you can not work: _____

Contacted for Subbing:
(form must be turned in with a sub to take your place)

If NO, state reason:

Name _____ Date _____ Yes No _____

Name _____ Date _____ Yes No _____

Person(\) subbing for you

Name _____ Date _____ Time Subbing _____

Name _____ Date _____ Time Subbing _____

Office Only

Staff That Will Be Working _____ Approved by _____ Date _____