

**\*\*\*\*Please keep an eye on your schedule to make sure your requested time off has been granted and ask Cristiana if it is not on books.**

### Request for Time Off

Name \_\_\_\_\_ Date \_\_\_\_\_

Requested

Dates Off From \_\_\_\_\_ To \_\_\_\_\_

**You are responsible for finding coverage before your time off will Be approved, unless you are using Paid Time Off. You can request help finding coverage only after you have asked the people in your department. Please look at TOR procedure for details.**

Please list shifts to be covered (only list days you are scheduled)

Specify Week A or B	Date	Shift	Covered By	Verified By

Employee Signature

X \_\_\_\_\_

Time off Approved By \_\_\_\_\_ on \_\_\_\_\_

☐ Calendar Marked ☐ Computer Marked ☐ Coverage Complete

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