

Request File # \_\_\_\_\_

**TIME OFF REQUEST**

Requester: \_\_\_\_\_

Date of Submittal: \_\_\_\_\_

Shift(s) Requested Off:

Dates	Days	Times/Ttl Hrs.	Teach?	Other/Special

Reasons / Comments:


Staff Member(s) to Cover:

Name(s)	Shift(s) to Cover	Confirmation Signature
		*
		*
		*

\* In signing the above Confirmation Signature area, I understand the nature of the shift in question, and have insured that the shift does not affect me in the following:

- Places me into an overtime situation.
- Affects my 2 days off.
- Affects the 12 hour break time between shifts.
- In any way affects terms of shift work according to the current collective agreement.

Date of Approval: \_\_\_\_\_

Reasons for non-approval:


Supervisor's Approval Signature: \_\_\_\_\_