

Staff Coverage For Time Off

Name _____ will be: Leaving Early Late Out _____
Time

Coverage:

	Date/Time	Location	Program	Designated Person	Initials
<input type="checkbox"/> Class	____/____	_____	_____	_____	_____
<input type="checkbox"/> Nap	____/____	_____	_____	_____	_____
<input type="checkbox"/> Lunches	____/____	_____	_____	_____	_____
<input type="checkbox"/> Aftercare	____/____	_____	_____	_____	_____
<input type="checkbox"/> Extra Curricular Supervision	____/____	_____	_____	_____	_____
<input type="checkbox"/> Extra Curricular Supervision	____/____	_____	_____	_____	_____

Notes: _____

Please sign and return to Ms. Lainey for approval: _____ Todays Date: _____