



ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.

This form should be used only by authorized departments in order to allow another Student Worker pick up the hours of their co-worker when coverage is mandatory and no other Student Workers are scheduled.

OFFICE NAME: _____PAY PERIOD: ____

STEP 1: DETAILS OF S This information ident				nolly cohor	dulad for th	o chift t	hat is to be severed			
SCHEDULED STUDENT WOR	•	erson w	/no was origin	narry sched	uiled for th	e smit ti	nat is to be covered.			
SCHEDULED STUDENT WOR	KLK.									
REASON SHIFT CAN'T BE WO	RKED BY SC	HEDULED	STUDENT WORK	ER:						
DATE OF SHIFT:		SCHEDULED SHIFT'S START TIME:				SCHEDULED SHIFT'S END TIME:				
				:	AM	PM	:	AM	PM	
							•			
STEP 2: SUBSTITUTE'	S DETAII	S								
This information ident	ifies the p	erson w	ho is now co	vering the	original sh	ift.				
SUBSTITUTING STUDENT WO	ORKER:									
Shift Coverage - Start T	SHIET COVERA	GE - END TI	WE:		Number of Hours Work	ED:				
			SHIFT COVERAGE - END TIME:				THOMBER OF HOURS WORKED.			
:	AM	PM		:	AM	PM				
STEP 3: AUTHORIZAT	TION									
This information ident		ercon u	ho is authoria	zina this s	hift evchan	Ge.				
Name:	ines the p	CISOII W	TITLE:	Zing tins si	IIII CACIIAII	gc.	PHONE NUMBER OR EMAIL	ADDRESS:		
This form should be co	ompleted	printed	out and attac	ched to the	back of the	e time sl	heet for each shift that i	is exchange	d	
Failure to attach this a								is chemange.		
Student Worker Signature:				Date:						
Supervisor's Signature					Data					