

Helping Hands of Flagler County, LLC.  
50 Cypress Point Pkwy, Ste. B-4  
Palm Coast FL 32164  
386-313-1239

# Time Off / Coverage Request Form for Individual

(1 form per EACH Individual)

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Dates requesting off/coverage from \_\_\_\_\_ to \_\_\_\_\_

Circle the Service to cover

Personal Supports, Respite U21, Life Skills 1, PCAU21, LTC PC/HMK/CC

Total hours to cover \_\_\_\_\_

Write in the **Dates and Times** of your schedule that you need covered:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please give helpful information, such as allergies or health concerns for the covering staff

\_\_\_\_\_  
\_\_\_\_\_

Recipient Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Supervisor Approval \_\_\_\_\_