



OCEAN CITY BEACH PATROL

REQUEST FOR SPECIAL DAY OFF



MUST BE TURNED IN TWO FULL WEEKS PRIOR TO FIRST DATE REQUESTED OFF

NAME: (FIRST) _____ (LAST) _____

EMPLOYEE ID NUMBER = _____ CREW _____ ASSIGNMENT _____

REASON FOR REQUEST: _____

DAY(S) REQUESTED OFF: (USE SEPARATE FORM FOR EACH WEEK AFFECTED)

Needed Time Off	Day of week	Date	Replacement SRT'S Name	Crew	Initials

ITINERARY:

I will leave Ocean City after work on _____, _____, _____ P.M.
day of week date time

I will be absent the following date(s):

_____ day 1, _____ day 2, _____ day 3, _____ day 4, _____ day 5, _____ day 6, _____ day 7

I will return to Ocean City for work _____, _____, _____ A.M.
day of week date time

SCHEDULING WEEK:

My requested day(s) off are part of the scheduling week that ends on Sunday, _____

Do these days off extend into days during the next scheduling week? **NO** **YES**
(if YES you must file a separate form for the next week)

REQUESTED BY: _____
DATE

REVIEWED BY:

<p>_____ CREW CHIEF</p>	<p>_____ SERGEANT</p>		
<p>DATE</p>	<p>DATE</p>		
<u>DISPOSITION of REQUEST:</u>			
<p>APPROVED _____</p>	<p>DENIED _____</p>	<p>BY _____</p>	<p>_____</p>
<p>LIEUTENANT</p>		<p>DATE</p>	