

Thomas Kelly High School

Trip/Activity Document

Career Service Duty Coverage

This form must be completed with the signatures of those responsible for the respective duty coverage. Please attach copies of the reason for this coverage (i.e., conference request form, fieldtrip request form, etc...)

Employee's Name

Office Location

Reason

Date for coverage

Time departing

Time returning

Time	Duty	Signature of person covering
7-8 am		
8-9 am		
9-10 am		
10-11 am		
11-12 pm		
12-1 pm		
1-2 pm		
2-3 pm		
3-4 pm		
4-5 pm		

Employee Agreement

I understand it is my responsibility to insure there is a qualified adult to cover my assigned duties while I am out of the building or that my supervisor has complied with my request.

Supervisor Approval

Date

Administrative Approval

Date

Principal Approval

Date