

White Mountain Apache Fire & Rescue Department

SHIFT COVERAGE FORM

I, _____, have asked _____
to work the following regular shift(s) for me:

STARTING DATE: _____ **TIME:** _____
ENDING DATE: _____ **TIME:** _____

STARTING DATE: _____ **TIME:** _____
ENDING DATE: _____ **TIME:** _____

I, _____, have been asked and do hereby agree to
work for _____ on his/her scheduled shift(s) as
stated above. I understand that I will be subject to disciplinary measures if
I fail to work these shift(s) as agreed upon.

SIGNATURES: _____ **DATE:** _____
_____ **DATE:** _____

Approved by: _____ **DATE:** _____
Officer's Signature

