



White Mountain Apache Fire and Rescue Department

Shift Coverage Form

I; _____
Firefighter's Name

Have asked _____
Firefighter's Name

To work for me on my following scheduled shift(s) *

Starting date _____ Time _____

Ending Date _____ Time _____

Total Hours _____ Pay Period _____

- Firefighters must obtain permission by their immediate supervisors before taking leave! "[S.O.P 104.01](#)"

You will be covering my shift for the reasons listed below

I; _____
Covering Firefighter's Name

have been asked, and hereby agree to work; the scheduled shift(s) as stated above. I understand that I will be subject to disciplinary measures If I fail to work/plan for these shift(s) as agreed upon.

Firefighter Signature Date

Duty Officer Signature Date

Chief Officer signature Date

Chief Officer Signature Date