



# 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
<b>YES</b> ½ Day <b>NO</b>	MONDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	TUESDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	WEDNESDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	THURSDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	FRIDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	SATURDAY	___/___/2011	_____	_____	_____
<b>YES</b> ½ Day <b>NO</b>	SUNDAY	___/___/2011	_____	_____	_____

**ITINERARY:**

I will leave Ocean City after work on \_\_\_\_\_, \_\_\_/\_\_\_/2011, \_\_\_\_\_ P.M.  
day of week date time

I will be absent the following date(s):

\_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011, \_\_\_/\_\_\_/2011  
day 1 day 2 day 3 day 4 day 5 day 6 day 7

I will return to Ocean City for work \_\_\_\_\_, \_\_\_/\_\_\_/2011, \_\_\_\_\_ A.M.  
day of week date time

**SCHEDULING WEEK:**

My requested day(s) off are part of the scheduling week that ends on Sunday, \_\_\_/\_\_\_/2011

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)

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

**REVIEWED BY:**

\_\_\_\_\_  
 CREW CHIEF DATE SERGEANT DATE

**DISPOSITION of REQUEST:**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY \_\_\_\_\_  
LIEUTENANT DATE