



G R A C E H O U S E

ministries, inc.

giving hope to girls in foster care

Shift Coverage Form

Employee Requesting Change: _____ Position: _____

Coverage Date(s) Being Requested:

___/___/___

___/___/___

___/___/___

___/___/___

Staff Member Covering Shift (s): _____ Position: _____

House Parent Signature: _____ Date: _____

Residential Program Director Signature: _____ Date: _____