Calgary Family Services

Vacation Coverage Form

Senior Support Worker Name: _____

Dates for Vacation: _____

Client Name	Dates Affecting Client Visits	Replacement Needed
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
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		○ Yes ○ No
		○ Yes ○ No
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		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No

Senior Support Worker Signature: _____ Date: _____

Signature denotes clients are aware of the Senior Support Worker's vacation time and that Senior Support Worker has spoken with clients regarding replacements. Once the form is complete, please forward on to the Scheduler.