

University of Houston Child Care Center Student Assistant Time-off Request

Name: _____

Date(s) requested off: _____

For (please check one): Late Arrival Early Leave Absence

Total number of hours requested off: _____

Reason: _____

Student Signature: _____

Date: _____

Master Teacher Signature (or Director): _____

Date: _____

****All forms must be signed by Master Teacher or Director to be considered approved.***

