



# South Shore

## Regional Centre for Education

TRANSPORTATION SERVICES

### TIME OFF REQUEST

DATE: \_\_\_\_\_ DRIVER: \_\_\_\_\_

ROUTE #: \_\_\_\_\_ SUBSYSTEM: \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_

Medical      Banked      Union Business      Graduation      Compassionate

If Medical Appt Date, Time and Location  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Request Approved : \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason ( if denied ): \_\_\_\_\_

Date and time Driver notified: \_\_\_\_\_

Method of notification: \_\_\_\_\_

Signature of Transportation Manager or Designate \_\_\_\_\_ Date \_\_\_\_\_





