# Class cover request form

FORM TEMPLATE

Name _____ Role _____ Date _____

* Required

**Class** *

_____

**Date** *

_____

**Start time** *

_____

**Reason** *

○ Illness ○ Personal ○ Holiday ○ Clash with another class ○ Other

**Suggested cover instructor**

Ask them first if you can.

_____

**Has that instructor agreed?**

☐ Yes ☐ No

**Notes**

Anything the cover instructor should know about the class.

_____

_____

_____

## For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____