



St. Clair Twp.
New Miami
Life Squad

Document No.: **OPS-F-022**

Revision: -

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Title: **Form, Part Time Shift Coverage**

Today's Date: _____

Date Shift needs Covered: _____

Person needing Coverage: _____

Reason Coverage needed: _____

All part-time personnel must be advised that there is an open part-time shift, and decline to work, before it may be paged out to all volunteers.

Each person must be paged or called by seniority/next in line for each shift.

Please write below

1. Time you page/called person.
2. Time they returned page/call.
3. Whether or not they picked up the shift.

Please review last sheet for first person to call.

Part Time Personnel	Time Paged/Called	Time Returned Call	Yes/No
Michelle Bubemyre			
Dan Schwartz			
Donna Weigold			
Dennis Bubemyre			
Jennifer Schwartz			
Steve Weigold			
Sandie Cheek			
Larry Anglin			
Brett Procaccini			
Ami Anglin			
Don Fields			

Person Covering Shift: _____

Form Completed by: _____

PLEASE IF ANY QUESTIONS READ POLICY OR CALL MICHELLE.