



The High School for Health Professions & Human Services



ROBERT A. GENTILE, PRINCIPAL

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School Website: hphsnyc.org

COVERAGE REQUEST

Date: _____

Teacher: _____

I am requesting permission to: Attend Meeting Interclass Visitation

Midday Departure (Personal) Midday Departure (DOE Business)

Other: _____

_____ at _____
Day of the Week Date Time of Day

I will need the following periods covered:

| Period | Class | Room |
|--------|-------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Reason for Request:

Approval: _____
AP Supervision