

# CHANGE IN CONTRACT/WORK DAYS REQUEST

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

- ▶ This form must be submitted in ADVANCE and is subject to approval.
- ▶ After approval, a copy will be returned to you

I am scheduled to work \_\_\_\_\_ days for the current school year.

## WORK UNSCHEDULED DAYS

Although not part of my regular contract days, I need to work on the following day(s):

Date(s): \_\_\_\_\_

In exchange, I would like to request that I be able to take off the following day(s):

Date(s): \_\_\_\_\_

Reason: \_\_\_\_\_



## TAKE UNSCHEDULED DAYS OFF

Due to the following reason, I would like to request that I be able to take off the following day(s):

Date(s): \_\_\_\_\_

In exchange, I will work the following day(s):

Date(s): \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

## APPROVAL

Project Director Signature: \_\_\_\_\_

Executive Director: \_\_\_\_\_