



This Institution is an Equal Opportunity Employer

WORK CALENDAR-EXCHANGE DAYS

From: _____
Employee

To: _____
Superintendent

Date: _____

Date: _____

I request permission to modify my work calendar as follows:
(Attach a copy of your work calendar with changes clearly marked.)

Date(s) Requested Off	Substitute Date(s) to be Worked

Other Comments:

- _____ Request Granted
- _____ Request Pending – additional information required
- _____ Request Denied

Employee Signature

Date

Superintendent

Date