



Request to Change Work Schedule

Office Use Only	
Approved:	<input type="checkbox"/>
Disapproved:	<input type="checkbox"/>
Date:	_____
By:	_____

Employee Name

Position

No more than two (2) changes per school year unless approved in advance by the Superintendent.

Check Schedule Request:
<input type="checkbox"/> 1st Schedule Change
<input type="checkbox"/> 2nd Schedule Change
<input type="checkbox"/> Superintendent Approve Schedule Change

I request to change the following work days:

Original Dates Scheduled to work:	Request to Change and Work These Dates:	Reason:

Employee Signature

Date

If disapproved, state reasons:

Copy to Employee
 Original to Fiscal Assistant - Payroll