



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## CLASSIFIED REQUEST TO EXTEND WORK DAY/YEAR

Extension of work year will only be considered for serious, compelling and urgent reasons.

To: **Director, Human Resources Division**

From: \_\_\_\_\_  
*Program Manager*

**Requesting to extend work year/day for:**

\_\_\_\_\_  
*Employee ID#                          Name    Classification*

\_\_\_\_\_  
*Location    Hours    From    To:*  
*Work Hours*

Work year:                           9.5 mo                           10 mo                           11 mo                           12 mo

**Please indicate below the nature of the emergency:**

EXTENDED WORK DAYS

Num. of Work Days: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

EXTENDED WORK HOURS

Num. of Work Hours: \_\_\_\_\_

Work hours From: \_\_\_\_\_ To: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

**Cost Center Funding:**

\_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_                          Categorical Verified By: \_\_\_\_\_  
*Fund                          Department                          Program                          Account*

*Program Manager Signature* \_\_\_\_\_                          *Date* \_\_\_\_\_

*Employee's Signature* \_\_\_\_\_                          *Date* \_\_\_\_\_

*Director, Human Resource Division* \_\_\_\_\_                          *Date* \_\_\_\_\_

Approved                           Denied                          Job # \_\_\_\_\_