CALENDAR READJUSTMENT

Form must be completed and approved prior to work relating to calendar readiustment.

readjustment.	
Name:	Position:
Non-duty date/s I request to work (not holiday or week	end):
Reason:	
Duty dates I request to take off:	
Employee Signature	Date
Direct Supervisor Signature (when applicable)	Date
Executive Director's Signature	Date
Approved Not Approve	d
Distribution: WHITE (Direct Supervisor); YELLOW (Employee); DW-218 Rev. 5/23	PINK (Executive Director)
dis	
Great Falls Public Sc	hools
CALENDAR READJUSTMENT	
Form must be completed and approved price readjustment.	or to work relating to calendar
Name:	Position:
Non-duty date/s I request to work (not holiday or week	
Reason:	
Duty dates I request to take off:	
Employee Signature	Date
Direct Supervisor Signature (when applicable)	Date
Executive Director's Signature	 Date

Distribution: WHITE (Direct Supervisor); YELLOW (Employee); PINK (Executive Director)

Not Approved

DW-218 Rev. 5/23

Approved