

**TRACY UNIFIED SCHOOL DISTRICT
DAYS OF SERVICE CALENDAR FOR ADDITIONAL DAYS
2024-25**

NAME: _____

SITE/DEPT: _____

CIRCLE the days you PLAN to work and return this form signed by you and your supervisor to HR by _____. Each pay period, submit a timesheet signed by your supervisor for the days you have worked during that pay period.

JULY

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Possible 23
WORKING _____

AUGUST

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Possible 22
WORKING _____

SEPTEMBER

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

Possible 21
WORKING _____

OCTOBER

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Possible 23
WORKING _____

NOVEMBER

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Possible 21
WORKING _____

DECEMBER

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Possible 22
WORKING _____

JANUARY

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Possible 23
WORKING _____

FEBRUARY

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

Possible 20
WORKING _____

MARCH

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Possible 21
WORKING _____

APRIL

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Possible 22
WORKING _____

MAY

M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Possible 22
WORKING _____

JUNE

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

Possible 21
WORKING _____

TOTAL # DAYS TO BE WORKED _____ (Must Equal _____)

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Approved by _____ Date _____

Associate Supt. For Human Resources (or designee)