

Complete the GRAY fields
Print and Sign
Turn into your supervisor

Employee:	
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Department / Bldg:	
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Current Schedule:	
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Requested Adjusted Schedule:	
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Start Date:		End Date:	
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Reason for Request:		School Year		Summer Schedule

Briefly describe how your adjusted schedule will impact your work responsibilities, and how these responsibilities can be met:

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**Employees shall continue to serve the needs of the students beyond the time designated above and also attend staff meetings which extend beyond the end of the working day per the Master Agreement.*

How would this arrangement better serve our constituents/customers?

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How might this impact interaction with co-workers and other agencies?

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Employee Signature: _____ Date

Office Use: -----

Approved Not Approved: _____ Date
Supervisor

<i>Notes:</i>	
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Approved Not Approved: _____ Date
Director

<i>Notes:</i>	
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Approved Not Approved: _____ Date
Human Resources

<i>Notes:</i>	
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