

ONTARIO-MONTCLAIR SCHOOL DISTRICT

Human Resources / Payroll



FLEX CALENDAR - REQUEST CHANGE

Name: _____ Title: _____

Social Security #: XXX-XX-_____ Site: _____

I am requesting the following change in my flex calendar schedule:

From	To
Original Date	Exchange Date
<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:	<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:
<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:	<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:
<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:	<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:
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<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:	<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:
<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:	<input type="checkbox"/> Non Contract Day: <input type="checkbox"/> Work Day:

Employee Signature

Date

Supervisor Signature

Date