



WORK CALENDAR CHANGE REQUEST FORM

This form is to be completed when there is a change during the current school year to the employee's approved calendar. If you are working on the weekend and are not a manager, please make sure you do not have more than 5 consecutive paid days, this includes paid holidays.

SEND ORIGINAL TO: SCOE HUMAN RESOURCES

Name (Please Print) _____

*Original Non-Work Day(s)

*New Non-Work Day(s)

*Number of days in each column must be the same.

Employee Signature _____ Date _____

Approved _____ Date _____
Program Administrator