



WORK CALENDAR - EXCHANGE DAYS

From: _____ To: _____
Employee Superintendent
Date: _____

I REQUEST PERMISSION TO MODIFY MY WORK CALENDAR AS FOLLOWS:
(Attach a copy of your work calendar with changes clearly marked.)

| Date(s) Requested Off | Substitute Date(s) to be Worked |
|-----------------------|---------------------------------|
| | |
| | |
| | |

Other Comments:

- _____ Request Granted
- _____ Request Pending – additional information required
- _____ Request Denied

Employee Signature _____ Date _____

Superintendent Signature _____ Date _____