

DELANO UNION SCHOOL DISTRICT

Request For Change of Duty Hours

THE FIRST RESPONSIBILITY OF ANY EMPLOYEE IS TO DO WELL IN THE POSITION TO WHICH HE/SHE HAS BEEN ASSIGNED (BP4219.2).

GENERAL CONDITIONS

1. Submit all requests to your immediate supervisor.
2. Change of hours may not begin until it has been approved.
3. Requests should be submitted in a minimum of ten (10) working days in advance of the requested change.

PLEASE PRINT

Name _____ Phone # () _____

Permanent Mailing Address _____

Classification _____ Work Location _____

Duty Hours _____ Funding Source _____

I am voluntarily requesting a schedule change in my current position beginning on _____, 20__, and ending _____, 20__.

Hours / Time Change _____

Reason for request (if to attend school – indicate what classes/major) _____

How will you make up or accommodate this time off requested? _____

Signature _____ Date _____

Supervisor's approval _____ Date _____

Forward request to the Department of Human Resources. Must be approved by the Superintendent.
Request may not officially begin until after Superintendent's approval.

Approved Denied

Superintendent's signature _____ Date _____