

**District :**

- 66-TCOE
- 60-ECE

# Tulare County Office of Education

*Tim A. Hire, County Superintendent of Schools*

HR Use Only			
<input type="checkbox"/>	Verified	<input type="checkbox"/>	Scanned

## CALENDAR CHANGE FORM

Please select one:

- Certificated Management     
  Classified     
  Classified Management

Name: \_\_\_\_\_ ID / SSN: \_\_\_\_\_

Position: \_\_\_\_\_ Work Site: \_\_\_\_\_

**I am changing my *vacation* schedule as follows:**

- Add vacation day(s): \_\_\_\_\_
- Remove vacation day(s): \_\_\_\_\_
- Exchanging: \_\_\_\_\_ for \_\_\_\_\_
- Exchange non-workday(s): \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
 Employee's Signature                                      Date                                      Supervisor's Signature                                      Date

**DISCLAIMER:**

- Please remember that calendar change requests must be approved by your supervisor 72 hours in advance (exceptions may be made for emergencies).
- You are only allowed to carry over up to thirty (30) days of vacation per year.
- Once approved, it is your responsibility to add time off, and all other absences, to the Frontline absence reporting system.
- Supervisors will respond to change requests within 24 hours.