

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.