

# REQUEST FOR ADJUSTMENT TO WORK SCHEDULE



Submit to Immediate Supervisor for Approval two weeks prior to date(s) requested.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ASSIGNMENT/LOCATION: \_\_\_\_\_

I AM REQUESTING AN ADJUSTMENT TO MY WORK SCHEDULE AS FOLLOWS:

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THE PURPOSE OF THIS ADJUSTMENT: \_\_\_\_\_

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I understand that this adjustment can be approved or denied on the basis of whether or not it meets the needs of ONC BOCES. I further understand that, if an adjustment is approved, it is approved for the current school year only.

SIGNED: \_\_\_\_\_

Recommendation of Immediate Supervisor:     Approved     Denied

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SIGNED: \_\_\_\_\_

Recommendation of Deputy Superintendent:     Approved     Denied

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SIGNED: \_\_\_\_\_