Request for Exchange of Contractual Work Days

Requested Extra Work Days

	Date of request	Date of requested work. Please indicate full day OR a.m. or p.m. for a half day.	Total Number of Days Requested	**Please indicate the specific task/s to be accomplished for the day/s of work requested. Feel free to use additional pages if and as needed. Indicate "Days Off" for requested days off.**	**Employee Signature**	**Director Approval Signature**
1						
2						
3						
4						
5						
6						

Requested Time Off

	Date of request	Date of requested time off. Please indicate full day **OR** a.m. or p.m. for half day	Total Number of Days Requested		**Employee Signature**	**Director Approval Signature**
1				Days Off		
2				Days Off		
3				Days Off		
4				Days Off		
5				Days Off		

Days Earned -								**Days Used -**							