

CHINO VALLEY UNIFIED SCHOOL DISTRICT

EMPLOYEE CHANGE IN CALENDAR

EMPLOYEE'S NAME _____ DATE _____

POSITION _____ SITE LOCATION _____

I. I would like to make a change in my calendar for the 20____-20____ school year as follows:

(Circle one) I would like to change my: Vacation, Vacation/Off-Contract, Off-Contract day(s)
as follows:

From the present month(s) and day(s): _____

to the following month(s) and day(s): _____

My reason for this change is: _____

Signature of Employee

II. This request is/is not approved.

Signature of Supervisor

Comments (must state reason if not approved): _____

III. This request is/is not approved.

Signature of Human Resources Administrator

Reason if not approved: _____

Personnel will retain the original of this form and two copies will be returned to the site; one copy for the supervisor and one copy for the employee. If approval is granted, a copy will be sent to the Business Office where change is to be noted in their records.