



Work Modification Schedule Request

Name: _____ Team #: _____

Discipline: _____

Date/Time TO BE WORKED: _____

Activity to benefit: _____ Student _____ Parent _____ School _____ Agency

Description of activity: _____

Worksite location: _____

Date/Time TO BE TAKEN OFF: _____

Employee _____ Date _____

Approved Y N Date _____

Regional Director/Supervisor _____

RD/Supv _____ Employee _____ Personnel File _____