

MUST BE APPROVED IN ADVANCE
GREENFIELD UNION SCHOOL DISTRICT

REQUEST TO ADJUST VACATION

Employee Name: _____

Social Security # (Last 4 Digits): _____ Site/Dept: _____

check one: Classified

<u>Date(s):</u>	<u>Original Day(s):</u>	<u>Change To:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose: Adjustment of Work Calendar
 Other: _____

Justification for adjustment: _____

(Please indicate if there is a deadline associated with this work.)

I hereby certify under penalty of perjury that the above is a true statement of my absence request.

Requestor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Distribution: Original to Personnel Copy: Payroll

REQUEST TO ADJUST VACATION TIME ONLY FOR THE FOLLOWING CLASSIFICATIONS

12-MONTH CSEA CLASSIFICATIONS:

Bus Driver	Gardener
Business Services Analyst II (Accounting)	Maintenance Worker
Business Services Analyst II (Payroll)	Maintenance Worker II
Clerk I-DO	Maintenance/Mechanic
Computer and Network Technician	Mechanic Assistant/Bus Driver
Custodian	Mechanic/Bus Driver
Custodian/Bus Driver	Migrant Statistician
Department Secretary	Transportation Lead
Gardener/Bus Driver	

11-Month CSEA Classifications:

Clerk II
Secretary I
Secretary II