

## Southington Public Schools

## 200 North Main Street

## Southington, CT 06489

#### **REQUEST AND DATE CHANGE FORM**

**WORK DAYS / VACATION & NON-WORK DAYS**

***This form is used for multiple groups to assist the HR and Payroll departments in tracking work days (for administrators), vacation days (for non-certified staff), and non-work days (for administrators at central office).***

|  |  |
| --- | --- |
| **Date:** |  |
| **Employee:** |  |
| **Department/School:** |  |

**PART I**

**Complete and submit to the HR office by July 1. Keep copy for your records.**

|  |  |
| --- | --- |
| **WORK DAYS (215 = 9, 227 = 21)**  **VACATION/NON-WORK DAYS** | |
| **Date(s) ~** *please include consecutive dates in one cell* | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**PART II**

**Only complete this section if you are notifying the HR/Payroll offices of a change to a date that was previously submitted.**

|  |  |
| --- | --- |
| **WORK DAY  VACATION/NON-WORK DAY** | |
| **Date that was originally submitted** | **Replacement Date** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **# of Work Days or Vacation Days Listed Above:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Employee:** |  | **Date** |  |

**Approvals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Immediate Supervisor** |  | **Date** |  |

***Please return the original to the Human Resource Office.***

**Office use:**  **Copy to Payroll  Admin Calendar  Personnel File**