



**MUST BE APPROVED IN ADVANCE**  
NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT

**REQUEST TO WORK ON NON-WORK DAYS/MODIFY WORK-YEAR CALENDAR\***

**\*In order for an employee to perform work during a previously scheduled non-work day or vacation day or to modify approved work-calendar, written permission from their direct supervisor MUST be obtained prior to the the actual date(s) of work/modification. Any work-days performed/modified without written approval will not be considered after the fact. This form must be submitted to your direct supervisor prior to the intended work/modified days.**

Employee Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_ Position: \_\_\_\_\_

Check one:  Classified  Certificated Site/Dept: \_\_\_\_\_

**Original Date Requested:**

**New Date Requested:**

Date(s):  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_  
6) \_\_\_\_\_  
7) \_\_\_\_\_  
8) \_\_\_\_\_  
9) \_\_\_\_\_  
10) \_\_\_\_\_

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_  
6) \_\_\_\_\_  
7) \_\_\_\_\_  
8) \_\_\_\_\_  
9) \_\_\_\_\_  
10) \_\_\_\_\_

Purpose:  Adjustment of Work Calendar/Vacation Calendar  
 Additional Compensation  
 In-lieu Time Off (Comp Time)

Justification for the work to be performed: \_\_\_\_\_  
\_\_\_\_\_  
*(Please indicate if there is a deadline associated with this work.)*  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated Frontline by: \_\_\_\_\_ Date \_\_\_\_\_  
*Administrative Assistant*

Copy Sent to H.R. Date \_\_\_\_\_

Received in H.R. Date \_\_\_\_\_