

TURTLE MOUNTAIN SCHOOL DIVISION	2 - BB
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**REQUEST FOR CHANGE OF SCHEDULED DAY OFF**

This form is used to request a change of a scheduled day off. Requests **must** be received by the Division Office **prior** to the change.

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Scheduled Day Off: \_\_\_\_\_

Requested Day Off: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date