

**ATHENS-MEIGS EDUCATIONAL SERVICE CENTER
REQUEST FOR CALENDAR AMENDMENT**

STAFF MEMBER _____

DATE _____

REASON FOR REQUEST:

SCHEDULED DATE(S) TO BE OFF:

UNSCHEDULED DATE(S) TO BE WORKED:

SPECIFIC WORK TO BE ACCOMPLISHED ON UNSCHEDULED DATE(S) IF NOT EXPLAINED ABOVE:

EMPLOYEE SIGNATURE

APPROVAL:

SUPERINTENDENT

SUPERVISOR