



Additional Day/Hour Request Switch Day Request

Today's Date: _____

Child's Name: _____

Date of Request: _____

Granted

Denied

___ / ___ / ___

Switch days _____ to _____

Additional Day (\$50.00)

Flex Time Hours _____ to _____ (\$7 per hour)



* Fill out and place in the BLUE FORMS BIN on the sign-in Table

* Additional Charge Due on the date of use.