



Great Falls Public Schools

CALENDAR READJUSTMENT

Form must be completed and approved prior to work relating to calendar readjustment.

Name: _____ Position: _____

Non-duty date/s I request to work (not holiday or weekend): _____

Reason: _____

Duty dates I request to take off: _____

Employee Signature _____
Date

Direct Supervisor Signature (when applicable) _____
Date

Executive Director's Signature _____
Date

Approved **Not Approved**

Distribution: WHITE (Direct Supervisor); YELLOW (Employee); PINK (Executive Director)
DW-218 Rev. 5/23



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