NEW HAVEN UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR EXTRA WORK DAYS AND RELEASE TIME

CERTIFICATED

To be used by the principal or any administrator to initiate authorization for certificated employees under his/her jurisdiction. This form must be submitted ten (10) working days before the event.

TO: Superintendent/Designee
FROM: _____ **SITE:** _____
Authorization for extra work days is being requested for the following employee(s).

EMPLOYEE	ASSIGNMENT-SITE/GR	*SUB	BUDGET

A substitute will be required (1) = ALL DAY; (½ a) = ½ day am; (½ p) = ½ day pm; (0) = none
DATE/S: _____
REASON: _____
Initiating Administrator: _____ Date: _____

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ADMINISTRATOR ROUTING:

(1) Personnel Department to (2) Department Approval
( ) No Sub Requested ( ) Approved ( ) Disapproved
( ) Sub Scheduled Signature _____ Signature _____
( ) Sub Not Available Date _____ Date _____

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WHITE: Payroll **YELLOW:** Personnel **PINK:** Originator