

Professional Support Request Form

Request for change in current position/schedule

(ie.: change in hours or position)

Employee's Name	Today's Date
Building	Effective Date

FROM:	TO:
Position:	Position:
Current Time:	Proposed Time:
Current # Hours Per Day: Lunch (duty free or working):	Proposed # Hours Per Day: Lunch (Duty-free or working):
Days of Week:	Days of Week:
	If a replacement, for whom:

Rationale for Change:

The following signatures indicate approval of the above change

Principal's Signature:	Date
Director's Signature:	Date
Human Resources/Assistant Superintendent's Signature:	Date
For all positions Superintendent's Signature:	Date

For HR Office Use:

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- Form submitted to Human Resources office will need to have Principal's signature & Director's signature (if necessary).
- Three days are needed for changes to take effect in the leave management/time & attendance programs.
- Changes are not final until they are approved by the Board of Education.