

Tuscola Intermediate School District
Calendar Readjustment

Request/Approval

Employee Name: _____ Position: _____

Request

☐ I would like to work: Date: _____ Half Day: _____ Full Day: _____
Date: _____ Half Day: _____ Full Day: _____
Date: _____ Half Day: _____ Full Day: _____

Reason/Function/Activity: _____

☐ I worked summer flex days as follows:

Date: _____

Total Days: _____

Employee Signature: _____ Date: _____

Approval

☐ Approved for: Half Day: _____ Full Day: _____

☐ Not Approved

Supervisor Signature: _____ Date: _____

*Schedule readjustment will only be approved for occasional, unusual circumstances.
*Approved days must be used by the end of the school year!

***Request** form goes to Supervisor for approval*