

Elko County School District



Superintendent's Office
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REQUEST FOR CHANGE OF SCHEDULE START/END DATES

Name: _____ School Site: _____

My assignment is to work a _____ day schedule. I am asking permission to change my start and end dates of assignment for the _____ school year to reflect the following:

Start Date: _____ End Date: _____

Employee Signature

Date

Approved

Disapproved

Signature of Principal/Supervisor

Date

Central Office Approval

Date

ONLY EMPLOYEES REQUESTING A CHANGE OF THE START/END DATES
NEED TO COMPLETE THIS FORM.

PLEASE COPY PAYROLL AND CENTRAL OFFICE.