ADDED DAYS REQUEST FORM

	Supervisor :
	Date
	Dir of Tooching and Learning Approvals
	Dir. of Teaching and Learning Approval:
	Date:
Employee Name	Rationale (reason/project name/conference name):
Job Title	
Region	
Supervisor	of days at hours = hours
Requesting Supervisor – if	
different than regular spvr	Dates of request
Budget #	
Is this region budget/grant/other (circle one)	2019-20 Fiscal Year
If other, specify:	2020-21 Fiscal Year
Familiana Mana	Deting the formation to the conference of the co
Employee Name Job Title	Rationale (reason/project name/conference name):
Region	of days at house house
Supervisor Requesting Supervisor – if	of days at hours = hours
different than regular spvr	Dates of request
Budget #	2040.00 5: 114
Is this region budget/grant/other (circle one) If other, specify:	2019-20 Fiscal Year 2020-21 Fiscal Year
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Region	
Supervisor	of days at hours = hours
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ACA Approval: _____ Date: ____