

EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM
Request To Modify Contract Day

****Request must be submitted in advance****

Date: _____

Employee Name: _____ Employee #: _____

Assigned Site: _____

Reason for Request: _____

Date Requested: _____

Coverage (if needed) Provided By: _____

TYPE OF REQUEST

1. ARRIVE LATE

—I am requesting approval to **arrive late** at approximately _____ a.m.

2. LEAVE & RETURN

—I am requesting approval to **leave & return** from: _____ a.m./p.m. to: _____ a.m./p.m.

3. DEPART EARLY

—I am requesting approval to **depart early** at approximately _____ p.m.

APPROVAL:

Granted:

Denied: _____
Reason for Denial

EAOP Administrator Signature: _____ Date: _____

Please forward this request **in advance** to Ms. Elizabeth D. Rogers
Fax (305) 636-6198 or elizabethr@dadeschools.net