

ADDED DAYS REQUEST FORM

Supervisor : _____

Date _____

Dir. of Teaching and Learning Approval: _____

Date: _____

Employee Name _____ Job Title _____ Region _____ Supervisor _____ Requesting Supervisor – if different than regular spvr _____ Budget # _____ Is this region budget/grant/other (circle one) _____ If other, specify: _____	Rationale (reason/project name/conference name): _____ _____ _____ of days at _____ hours = _____ hours Dates of request _____ 2019-20 Fiscal Year <input type="checkbox"/> 2020-21 Fiscal Year <input type="checkbox"/>
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ACA Approval: _____ Date: _____