

WARREN COUNTY SCHOOLS

MAKE-UP DAY REQUEST APPLICATION FORM FOR 11- AND 12-MONTH EMPLOYEES

A make-up day may be requested by 11- and 12-month employees in lieu of taking an annual leave day due to inclement weather by completing this form. This form or the annual leave form must be completed within 10 days of the inclement weather day(s). If no form is completed within 10 days, annual leave day(s) will automatically be taken.

Employee Name: _____ Date: _____

Employee Signature: _____

Employee ID Number: _____ School/Department: _____

Inclement Weather Day(s) Missed: _____

Proposed Make-up Day(s): _____

Activity That Will be Conducted on Make-up Day(s): _____

Individual That Will be Supervising Activity on Make-up Day(s):

Name: _____ Title: _____

Signature: _____ Date: _____

Approval of Immediate Supervisor:

Name: _____ Title: _____

Signature: _____ Date: _____

Date and Time of Meeting with Immediate Supervisor and Superintendent/Assistant Superintendent to Review Completed Form:

Approval of Proposed Make-up Day(s) by Superintendent/Assistant Superintendent:

Signature: _____ Date: _____