CENTRAL STATE HOSPITAL
Division MHDDAD / DHR Hospital System

REQUEST FOR APPROVAL OF RESCHEDULED WORK TIME
FOR ACADEMIC/VOCATIONAL EDUCATION

I,_____, respectfully request consideration and approval for rescheduling my work hours in order for me to attend_____ from _____ to _____. This will enable me to complete course work requirements towards a degree in_____ with an expected graduation date of _____.

(Name of School) (Actual Dates of Classes) (List) (Date)

Work Location _____ Phone # _____

Signature _____ Date _____

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1. The proposed course/class schedule:

(Course)	(Hr. Credit)	(Days/Time of Class)
(Course)	(Hr. Credit)	(Days/Time of Class)

2. The proposed work schedule for this period is:

SUNDAY From _____ To _____ From _____ To _____ = _____ Hrs.
MONDAY From _____ To _____ From _____ To _____ = _____ Hrs.
TUESDAY From _____ To _____ From _____ To _____ = _____ Hrs.
WEDNESDAY From _____ To _____ From _____ To _____ = _____ Hrs.
THURSDAY From _____ To _____ From _____ To _____ = _____ Hrs.
FRIDAY From _____ To _____ From _____ To _____ = _____ Hrs.
SATURDAY From _____ To _____ From _____ To _____ = _____ Hrs.

Total _____ Hrs.

Specify the benefit to the Facility of your completing this training program.:_____

_____

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Recommend: ( ) Approval ( ) Disapproval _____ _____
Supervisor Date

Recommend: ( ) Approval ( ) Disapproval _____ _____
Reviewing Official/Dept.Dir. Date

APPROVAL ( ) Approval ( ) Disapproval _____ _____
Chief Executive Officer Date

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