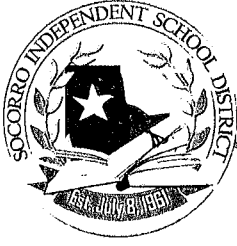


Revised 7/24/2012



Socorro Independent School District

DED: Non-Duty Days (A)

Request Non Duty Form

Name: _____

Employee Number: _____

Campus/Department: _____

School Year: _____

Please indicate the number of non-duty day(s) you are requesting three (3) days in advance. It is the employee's responsibility to submit a Request for Non-Duty Days Form to their supervisor when non-duty days are requested. In the event you do not use the mentioned day(s), you must submit through your immediate supervisor, a written statement to the Department of Human Resources indicating such. Employee's exceeding the number of non-duty days designated for each school year will be docked for each day taken beyond the number of days allowed.

I request a total of _____ non-duty day(s) from _____ to _____.
of days requested Start Date End Date

AESOP Job# - _____

Employee Signature

Supervisor Signature

Date

Note: All requests for Non-Duty Days must be approved by the immediate supervisor and must be kept at the campus or department. All non-duty days requested must be reported to the AESOP System.