

BEECHER COMMUNITY SCHOOL DISTRICT
Personnel Department
EXCHANGE TIME FORM

Name of Employee Requesting Exchange Time: _____

Specifics of the Request:

- Date of coverage: _____
- Hours of coverage: _____
- Reason for coverage (Please be specific): _____

Employee Signature **Date**

Administrator Signature **Date**

Approval Signature: Superintendent and/or Personnel Department **Date**

<p><u>For Personnel Department Use Only:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
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