

Putnam Valley Central School District
Putnam Valley, New York 10579

PVFT Summer Work Request Form

As per PVFT contract:

_____ **Guidance Counselors will be allowed up to 15 additional six-hour days**

_____ **Social Workers allowed up to 10 additional six-hour days**

_____ **Psychologists allowed up to 10 additional six-hour days**

Name: _____ Date: _____

requests to work during the summer on the following dates:

Date(s) Requested

Date(s) Requested

Date(s) Requested

Signature of Employee

Date

Signature of Supervisor or Director of Special Education

Date

Signature of Superintendent

Date

Please fill out a claim form when work is completed.