

McKINNEY

INDEPENDENT SCHOOL DISTRICT

**MCKINNEY INDEPENDENT SCHOOL DISTRICT
DUTY DAY REQUEST FORM**

Employee Name: _____

Date(s) worked: _____

Justification for additional work: _____

TO BE COMPLETED BY SUPERVISOR:

Number of duty days earned: _____

Signature of supervisor: _____

Duty days may be earned on a 1 to 1 basis. Duty days are to be used within the fiscal year earned. Duty days not used within the same fiscal year will not be carried forward or compensated.