



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

REQUEST FOR EXTENDED SERVICES

This form is to be used for a school district to request additional time within a school year.

I request additional time from the following individual:

TCESC Employee Name: _____

Title: _____ Department & Program: _____

Additional time requested:

Total Days: _____ Total Hours: _____

Actual Work Dates: _____

TCESC employee must submit a revised calendar with this form.

I understand that our district will be billed for this additional time beyond the employee's contract year.

District Name: _____

District Superintendent's Signature: _____ Date: _____

District Treasurer's Signature: _____ Date: _____

TCESC Supervisor Signature: _____ Date: _____

TCESC Director Signature: _____ Date: _____

TCESC Superintendent Signature: _____ Date: _____

TCESC Treasurer Signature: _____ Date: _____