



# 12-month Faculty Time-off Exchange Request Form

In accordance with Article VIII (H.5) of the *Agreement Between Central Ohio Technical College and the United Faculty/Central Ohio Technical College, AFT/OFT* effective September 1, 2016, through August 31, 2019,

I am requesting to work the following week day(s) during the break period(s) in exchange for the indicated days off during the academic term(s):

Full Week Day(s) I Intend to Work During a Break	Full Days Off I am Requesting During Academic Term(s)

My plan for covering classes during the requested period off during the academic term(s) is:

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Legibly Printed Faculty Name

\_\_\_\_\_  
Date

This request is:

Approved (Forward signed form original to Academic Affairs and a copy to the faculty member)

Denied (Return the original to the faculty member)

*If request was denied enter a brief explanation for the denial:*

\_\_\_\_\_  
Signature of Administrator (Dean or Director)

\_\_\_\_\_  
Legibly Printed Administrator Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of VPAA

\_\_\_\_\_  
Legibly Printed VPAA Name

\_\_\_\_\_  
Date