

Provider Name _____

Date _____

**YEAR 2012/2013
Holiday Schedule Modification Request**

School Readiness Providers who serve children on a holiday in an effort to provide service and support to the families that are required to work on a holiday may request a modification to the Holiday Schedule. Please indicate which holiday you are modifying and list the date that you wish to exchange it for. **Please note that all requests are subject to approval by Coalition staff.**

				For Office Use Only
1	<input type="checkbox"/>	INDEPENDENCE DAY JULY 4	Alternate Date: Month Day Year	_____
2	<input type="checkbox"/>	LABOR DAY SEPTEMBER 3	Alternate Date: Month Day Year	_____
3	<input type="checkbox"/>	VETERANS DAY - Observed NOVEMBER 12	Alternate Date: Month Day Year	_____
4	<input type="checkbox"/>	THANKSGIVING DAY NOVEMBER 22	Alternate Date: Month Day Year	_____
5	<input type="checkbox"/>	DAY AFTER THANKSGIVING NOVEMBER 23	Alternate Date: Month Day Year	_____
6	<input type="checkbox"/>	CHRISTMAS EVE DECEMBER 24	Alternate Date: Month Day Year	_____
7	<input type="checkbox"/>	CHRISTMAS DAY DECEMBER 25	Alternate Date: Month Day Year	_____
8	<input type="checkbox"/>	NEW YEAR'S DAY JANUARY 1	Alternate Date: Month Day Year	_____
9	<input type="checkbox"/>	MARTIN LUTHER KING DAY JANUARY 21	Alternate Date: Month Day Year	_____
10	<input type="checkbox"/>	MEMORIAL DAY MAY 27	Alternate Date: Month Day Year	_____

Once holiday dates are entered into the data system, they cannot be changed.

Provider Signature _____

Date _____