



California Association for Bilingual Education
 20888 Amar Road
 Walnut, California 91789
 626-814-4441 Fax 626-814-4640

Flextime Accrued

Information for Flextime Accrued

Employee Name: _____ Today's Date: _____

Date(s) Worked: _____

Number of Hours Accrued: _____

Please give the reason these hours were accrued:

NOTE: Flextime must be approved by the Chief Executive Officer. This form must be completed within one (1) week from the day you worked in order for you to accrue Flextime for that day. You MUST use your flex days within six (6) months of the date worked or you will forfeit your Flextime. Unapproved or incomplete forms will not be accepted.

Supervisor Approval and CEO Approval

Supervisor's Signature	Date
CEO's Signature	Date

Comments:

<i>For Office Use Only</i>		
Entered by:	Date:	Notes: