



California Association for Bilingual Education

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20888 Amar Road

Walnut, CA 91789

626-814-4441

<https://www.gocabe.org/>

FLEXTIME ACCRUED

COMPLETE INFORMATION	
Employee Name: _____	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 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.	
Supervisor' s Signature: _____	Date: _____
Print Name _____	
CEO's Signature: _____	Date: _____
Print Name _____	
Notes: _____ _____	