



California Association for Bilingual Education

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<https://www.gocabe.org>

FLEXTIME ACCRUED

COMPLETE INFORMATION	
Employee Name:	Today's Date:
Date(s) Worked:	
# Number of Hours Accrued:	
Please give the reason these hours were accrued:	
NOTE: Flex Time must be approved by the Supervisor. This form must be completed within one (1) week from the day worked in order for you to accrue Flex Time for that day. Unapproved or incomplete forms will not be accepted.	
APPROVAL	
Employee's Signature:	Date:
Supervisor's Signature:	Date:
Comments:	

8/11/2021am