

YUBA COUNTY OFFICE OF EDUCATION

Comp/Flex Time Request  
Instructional staff

Name: \_\_\_\_\_ Position: \_\_\_\_\_

- € Classified
- € Certificated

Date(s): \_\_\_\_\_

Activity (outside of work year/ work day): \_\_\_\_\_

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Length of time: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_

- This form must be completed & submitted to human Resources Department within 10 days of accruing comp time.

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