

Great Falls Public Schools

**FLEX/TRADE FORM**

*Form must be completed/approved prior to work relating to flex/trade day. This form must be received in the month you are working, no later than the 19<sup>th</sup> of each month. Request must be taken in 1/2 day or full day increments!*

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

Date time was accrued (cannot be a holiday): \_\_\_\_\_  
Half (1/2) Day Full Day

Reason for accrual: \_\_\_\_\_

Date I request to use accrued time: \_\_\_\_\_  
Half (1/2) Day Full Day

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Direct Supervisor Signature (when applicable) Date

\_\_\_\_\_  
Executive Director's Signature Date

**Approved**                       **Not Approved**

Distribution: WHITE (Direct Supervisor); YELLOW (Employee); PINK (Executive Director)  
**DW 235 – Administrators Use Only - 7/2025**

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