Marion County School District
COMP/FLEX Time Request Form

_____
Today's Date

_____ requests _____ of: **COMP/FLEX TIME**
Name (please print) (# of days)

_____ I will report back to work on _____
Date(s) Requested) (Date)

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

Please list dates which Comp/Flex time was earned:

Date	**Amount of Time**	**Reason for Earning Comp/Flex Time**

For District Office Use Only:
Approved **Not Approved** **Need more information**

_____ _____
Dr. Kandace Bethea, Superintendent Date

Revised 9-22-2017