

Marion County School District
COMP/FLEX Time Request Form

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:

<u>Date</u>	<u>Amount of Time</u>	<u>Reason for Earning Comp/Flex Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For District Office Use Only:

Approved

Not Approved

Need more information

Dr. Shirley Gamble, Interim Superintendent

Date