APPROVED FLEX TIME UTILIZATION FORM

12 MONTH EMPLOYEES
2019-2020

Name: _____ ID Number:_____

Campus/Dept.: _____ Position: _____

Number of Non-Duty Days Available For 226 Day Employees 9
Number of Non-Duty Days Available For 240 Day Employees 7

This form is to be utilized by all twelve-month employees to record approved flex time taken during the year. The employee should indicate the dates they desire to take flex days, the total number of days requested, and then obtain approval to take the days from their supervisor. The supervisor should indicate their approval by signing in the appropriate space. The total number of non-duty days the employee has remaining should be noted in the last column. This form will be kept on your campus.

All approved flex time/days must be reported in TEAMS Employee Service Center.

Number of Non-Duty Days _____ multiplied by scheduled work day hours_____ equals

Beginning balance of Flex hours

Non-Duty Days Requested	Total # of Days requested	Total # Hours requested	Supervisor Approval Signature	Remaining # of Flex hours Balance

Revised – April 2019