



California Association for Bilingual Education

California Association for Bilingual Education
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<https://www.gocabe.org>

FLEXTIME ACCRUED

COMPLETE INFORMATION

Employee Name:	Today's Date:
Date(s) Worked:	
# Number of Hours Accrued:	
Please give the reason these hours were accrued: <hr/> <hr/> <hr/>	

NOTE: Flex Time must be approved by the Supervisor. Flex hours accrued after 6/30/2025 must be used within the fiscal year in which they are earned and will not carry over. This form must be completed within one (1) week from the day worked in order for you to accrue Flex Time for that day. Unapproved or incomplete forms will not be accepted.

APPROVAL

Employee's Signature:	Supervisor's Signature:	Date:
Deputy Director's Signature:	CEO's Signature:	Date:
Comments: <hr/> <hr/>		