Flex/Comp Time Form

All Flex/compensated time must be worked/taken within a 30 day time frame and must be approved in advance by your department Director. All Flex/Comp time must be reconciled by June 30th.

**Worked Above Contract Hours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week of** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Exchange Time for Hours Worked Above**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week of** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**🟋PLEASE NOTE🟋**

**Non-exempt employees:** Please submit a timesheet for any hours not taken in exchange within a two week time period.

**Signature of Employee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initials of Director**: \_\_\_\_\_\_\_\_\_\_ **Date Approved**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_