



**FLEX TIME REQUEST FORM**  
**AAA ADMINISTRATORS**

---

Name of Employee: \_\_\_\_\_ Date of Flex Time Earned: \_\_\_\_\_

Purpose for Flex Time:

Estimation of hours requested: \_\_\_\_\_

Flex time cannot be used before or after a holiday or consecutively, unless there are extenuating circumstances. It is also to be used within the fiscal year it is earned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature