YUBA COUNTY OFFICE OF EDUCATION
Comp/Flex Time Request
Instructional staff

Name: __________________________________ Position: ____________________________

- Classified
- Certificated

Date(s): _______________________________________________________________________

Activity (outside of work year/ work day):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Length of time: __________________________________________________________________

Administrative Approval: _________________________________________________________

➢ This form must be completed & submitted to human Resources Department within 10 days of accruing comp time.

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