

CENTRAL TEXAS WORKFORCE CENTERS

REQUEST FOR FLEX TIME

Employee Name: _____

Flex Hours Requested (Specify clock times and days as applicable): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Approved: ☐ Disapproved: ☐

Comments (as desired): _____

Center Administrator Signature

Date

Centers Director Signature

Date