

FACULTY FLEX ACCRUAL FORM

DEPARTMENT:

NAME:

Banner G #:

CAMPUS: Mission West Valley

FT Regular Load

FT Overload

PT

FLEX ACCRUAL Flex Date: # of Hours Accrued:

Attach proof of specific FLEX activity

FLEX ACTIVITY TITLE:

Employee Signature

Date

Approved Not Approved LOA forms needed

Dean Signature

Date

VP of Acad. Affairs Signature

Date