

VAN BUREN LOCAL SCHOOLS



HOME OF THE BLACK KNIGHTS

“FLEX” FORM

(FOR ALL TEACHERS AND CERTIFIED EMPLOYEES)

SCHOOL YEAR _____ - _____

DATE(S) “FLEX” DAY WAS WORKED
(MAY CONSIST OF TWO HALF DAYS) _____

NAME OF EMPLOYEE (PLEASE PRINT) _____

EMPLOYEE SIGNATURE

DATE

PRINCIPAL SIGNATURE

DATE