



AFT PROFESSIONAL STAFF BIWEEKLY FLEX-TIME RECORD

Name of Employee:	Title:
Department & Unit:	Pay Period

For each pay period where the employee requests to flex their time or is required to flex their time, the date will be provided, the employee's regular time in and flex-time in will be provided, the employee's regular time out and flex-time out will be provided, for each day the number of regular hours and flex-time hours worked will be provided, and the reason the employee flexed their time (e.g., employee requested it or the operational reason which required it).

Day of Week & Date	Time - In		Time - Out		Hours		Reason For Flex-Time
	Reg.	Flex.	Reg.	Flex.	Reg.	Flex.	
Mon. M/D/Y							
Tues. M/D/Y							
Wed. M/D/Y							
Thurs. M/D/Y							
Fri. M/D/Y							
Sat. M/D/Y							
Sun. M/D/Y							

Day of Week & Date	Time - In		Time - Out		Hours		Reason For Flex-Time
	Reg.	Flex.	Reg.	Flex.	Reg.	Flex.	
Mon. M/D/Y							
Tues. M/D/Y							
Wed. M/D/Y							
Thurs. M/D/Y							
Fri. M/D/Y							
Sat. M/D/Y							
Sun. M/D/Y							

*Supervisor Signature:

Supervisor Name:

*Employee Signature:

NOTE: The supervisor will email this form to OHRFlexTime@stockton.edu upon the closing of the pay period where an employee was permitted/required to flex their time.

* If you cannot affix an electronic signature, your typed name will be accepted.