Memo

|  |  |
| --- | --- |
| To: |  V.P. of Instruction |
| From: |  |
| Re: | Flex Time Credit |
| Date: |  |

I would like to request that the following be reviewed for Flex Time Credit.

On:

I attended the:

Located at:

The institutional value this event brings is:

I am requesting for approval  **\_\_\_** hours.

Please see attached some information regarding my request.

Thank you for your consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dr. Debra Daniels, Superintendent/President | Approved  |  | Denied |  |
| Signature |  | Date |  |  |