FORM 2.9.4 FLEXTIME		
Employee Name:		
Year:		
Pay Period From	_ to	
Amount of Flextime Banked (in hours):		
Notes:		
Employee Signature	Management Signature	_

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292.

Date