



Fontana Unified School District Flex Time Tracking Form

This tracking form **must be submitted** to your Site Administrator or Director **no later than December 12, 2018**.

Employee Name: _____

Workday: **7 hours** or **8 hours**

Site/Assignment: _____

(circle usual work day hours)

Please indicate amount of time that you worked each day (in increments of hours & half-hours) on the calendar below.

Total time should be 7 or 8 hours to match your usual workday.

If hours do not match the total required, the difference will be deducted from the January pay warrant.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Ho	
JUL																																	
AUG																																	
SEP																																	
OCT																																	
NOV																																	
DEC																																	

Total hours worked: _____

I hereby certify that all hours recorded on this form were completed during non-regularly scheduled work time.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Time verification may be for any of the following activities: Grading, parent meetings, planning, curriculum development, room prep, data analysis, lesson design and prep, **PLEASE USE THE BOX BELOW TO INDICATE HOW TIME WAS USED - BRIEF STATEMENTS ARE SUFFICIENT (i.e. "grading," "conferencing," "planning," etc.)**