



## ALTERNATE (IN-LIEU) FLEX SCHEDULE PROPOSAL/FORM

**Employee Name:**\_\_\_\_\_

Colleague ID #: \_\_\_\_\_

[illegible]

Will other faculty be participating in these activities? If yes, please list: \_\_\_\_\_

Why must this activity occur outside the scheduled flex day? \_\_\_\_\_

I agree to present information from this event at district-sponsored activities.

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Faculty Member

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Date

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First-Level Manager

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Date

Pursuant to the Guidelines, below is documentation of the **activity outcomes** achieved as a result of the alternative/in-lieu flex activity.

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