

Beaver Dam Unified School District
FLEX DAY PROPOSAL & REPORT

Principal approval required prior to start of activity.

Part I:

Employee's Name: _____ Home School: _____

Activity Title: _____

Date(s): _____ Total Hours: _____

How will this apply to your classroom, department, building, or district? _____

Approved: ___ YES ___ NO Principal Signature: _____ Date: _____

(Principal: Return to applicant for completion of Part II.)

Part II:

Brief Summary of the Activity: _____

Applicant's Signature: _____ Date: _____