

Make-Up Time Request Form

Employee Name: _____ Department: _____

I am requesting time off as a result of a personal obligation on:

Day of week: _____ Date: _____

From the hours of _____ a.m. p.m. (check one) to _____ a.m. p.m. (check one)

I will make up time within the same workweek as follows: (fill in the dates and hours you plan to work to make up the missed time.) **Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or will be lost due to a personal obligation.**

I understand that:

1. Any make-up time I work will not be paid at an overtime rate;
2. A separate written request is required for each occasion that I request make-up time;
3. My make-up time request *must be approved in writing* before I take the requested time off or work make-up time, whichever is first;
4. If I take time off and am unable to work the scheduled make-up time for any reason, the hours missed will normally be unpaid;
5. If I work make-up time before the time I plan to take off, I must take that time off, even if I no longer need the time off for any reason;
6. The company does not encourage, discourage or solicit the use of make-up time.

Employee Signature: _____ Date Request Submitted: _____

For Employer Use Only:

Check One:

- Your make-up time request has been approved as submitted.
- You may take the time off requested, but must work the following make-up time hours rather than those submitted in your request:
- Your make-up time request has been denied.

By _____ Name _____
Supervisor's Signature *Please Print Name*

Title _____ Date _____

CC: Payroll, Supervisor, Employee