



MAKE-UP TIME REQUEST FORM

Employee Name: _____ Employee Number: _____

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. (circle one) to _____ a.m. /p.m. (circle one)

I will make-up the 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

Day of week _____ Date _____
From the hours of _____ a.m. /p.m. (circle one) to _____ a.m. /p.m. (circle one)

I understand:

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 and submitted.
 - Your may take 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.

Supervisor Signature: _____ Date: _____