



MAKE-UP TIME REQUEST FORM

Employee Name: _____

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

Day of the 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. Employees may not waive a meal period to make-up time.

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 paid as paid vacation. If vacation is not available, the hours missed will 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:**
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- Your make up time request has been denied**

Employer Signature: _____ **Date:** _____

ATTACH COMPLETED FORM TO TIMESHEET AFTER VERIFYING EMPLOYEE'S HOURS