

MAKE-UP TIME REQUEST FORM

Employee Name _____

I am requesting time off as a result of a personal obligation.

Day of Time Off (Monday, etc.): _____

Date of Time Off: _____

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

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 will make up the time within the same workweek as follows:

Date(s), Day(s) and Time(s) that Time Will Be Made Up: _____

I understand that:

1. Any make-up time I work will not be paid at an overtime rate;
2. I must make a separate written request 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, the hours missed will normally be unpaid;
5. If I work make-up time before the time I request 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 _____

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FOR EMPLOYER USE ONLY (Check One Below)

- Your make-up time request has been approved.
- 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.

Supervisor Signature _____