



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: _____

HOURS: from _____ ☐ 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