

MAKE-UP TIME REQUEST

Name: _____	Employee Number: _____
Position: _____	Department: _____
Hire Date (Month/Day/Year): _____	Today's Date (Month/Day/Year): _____

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

Day of the Week: _____ **Date:** (Month/Day/Year): _____

From the Hours of: _____ am/pm **To:** _____ am/pm

I will make-up the time within the same workweek in which the time off is taken as follows:

Days of Workweek	Month/Day/Year	Time In	Time Out
Total Make Up Hours			

I understand that:

1) I may not work more than 11 hours in a workday or 40 hours in a workweek as a result of making up time that was or will be lost due to a personal obligation.

2) The workweek runs from (Day/Time) _____ to (Day/Time) _____ .

3) Any make-up time I work will not be paid at an overtime rate.

4) A separate written request is required for each occasion that I request make-up time. I may request multiple makeup times up to four weeks in advance if my personal obligation will recur at a fixed time over a succession of weeks. A separate, signed written request must be submitted for each personal obligation for which make-up time is requested.

5) My make-up time request must be approved in writing before I can take the requested time off.

6) If I take time off and am unable to work the scheduled make-up time for any reason, the hours missed will be charged to available ____ sick, ____ vacation or ____ personal time off (PTO) (*mark one*). If accrued time is unavailable, the hours missed will be unpaid.

7) If I work approved make-up time in advance of my planned absence, I will be required to take the time off for the planned absence.

8) The Company does not encourage, discourage or solicit the use of make-up time.

Employee's Signature _____ **Date** _____

ADMINISTRATIVE USE ONLY

Check One:

- ☐ Your make-up time request has been approved as submitted.
- ☐ The particular make-up hours that you have requested are being denied. The following dates and times are available and, if you choose to do so, you may submit an additional request to make-up time during those dates/times rather than those submitted in your request. Again, the Company does not encourage, discourage or solicit the use of makeup time.

Day: _____ Time: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.
Month/Day/Year

Day: _____ Time: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.
Month/Day/Year

Day: _____ Time: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.
Month/Day/Year

Day: _____ Time: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.
Month/Day/Year

Day: _____ Time: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.
Month/Day/Year

- ☐ Your make-up time request has been denied.

Authorized Company Representative
(Print Name)

Title

Authorized Company Representative's Signature

Date *(Month/Day/Year)*

Distribution: Original to Employee Personnel File, Copy to Employee