



## 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 makeup the missed time.) **Employees 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.** \_\_\_\_\_

---

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 (personal obligation) that I request make-up time;
3. My make-up time request must be approved in writing by management before I work the make-up time;
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 \_\_\_\_\_

Signature

Please Print Name

Title \_\_\_\_\_ Date \_\_\_\_\_