

<Place Your Company Name/Logo Here>

EMPLOYEE MAKE-UP TIME REQUEST FORM

The make-up time must be worked in the same workweek in which the personal obligation time is taken off by the employee. The Company will have the discretion to grant or deny an employee's request for make-up time based upon the Company's staffing and operational needs. If management grants this make-up time, the employee will receive straight-time pay, where he or she would have received time-and-one-half, for personal obligation make-up time. The employee will be paid this make-up time to a maximum of 11 hours worked, instead of 8 hours in a workday, at straight-time rates. Hours worked including make-up time beyond 11 hours in a workday, or 40 hours in the workweek will receive appropriate overtime pay at time-and-one-half or double-time.

Employee Name:_____ Employee Number:_____

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

Day(s) of the week:_____ Date(s):_____

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 request work time of more than 11 hours on a makeup 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 (personal obligation) that I request make-up time;
3. My make-up time request must be approved in writing by management 24 hours 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 may 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's 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: _____