



Make-Up Time Request Form

Employee Name _____

Client _____

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

Date: _____ Day of the week: _____ From the hours of _____ a.m./p.m. to _____ a.m./p.m.
(circle one) (circle one)

I will voluntarily make up the 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.

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

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Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

I understand that:

- ◆ Any make-up time I work will not be paid at an overtime rate;
- ◆ A separate written request is required for each occasion that I request make-up time;
- ◆ 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;
- ◆ 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;
- ◆ If I work make-up time before I plan to take off, I must take that time off, even if I no longer need the time off for any reason;
- ◆ The company does not encourage, discourage, or solicit the use of make-up time.

Employee Signature _____

Date Request Submitted _____

For Client/Manager Use Only:

Check one:

- Your make-up time request has been approved as submitted.
- You may take time off requested, but must work the following make-up time hours rather than those submitted in your request.

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

Date: _____ Day of the week: _____ Make-Up Hours: _____

- Your make-up time request has been denied.

By: _____
Signature

Name: _____
Print Name

Title: _____

Date: _____