



Make-Up Time Request Form

Employee Name

Date

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. -- _____ a.m. p.m. **Units:** _____

I will 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.**

Total Time Made Up: _____

I understand that:

1. Any makeup time I work will not be paid at an overtime rate
2. A separate written request is required for each occasion that I request makeup time
3. My makeup time request must be approved in writing before I take the requested time off or work makeup time, whichever is first.
4. If I take time off and am unable to work the scheduled makeup time for any reason, the hours missed will normally be reduced from personal or vacation time or be unpaid.
5. If I work makeup 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 makeup time.

Employee Signature

Date

For Approving Manager/Supervisor

Check One:

- Makeup time has been approved and submitted
- Makeup time has been denied.
- Employee may take the time off requested, but must work the following makeup time hours rather than those submitted in your request:

Signature of Manager/Supervisor

Date

HR Only:

I have reviewed the employee's paid time off accrual balance and will timely:

- Verify the employee's **FLSA Status (Exempt or Non-Exempt)** and if the form is eligible for processing.
FLSA Status (E or NE): _____ **Overtime Amount to be paid out as Regular Time:** _____
- Processed Request as submitted by Employee.

Human Resources Signature

Date