



Request for Makeup Time

I am requesting to makeup hours noted above that are unpaid. I am requesting to makeup the time the same workweek as follows: *(Fill in the dates and hours you plan to work to makeup the missed time.)* **Employees may not work more than 11 hours 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.**

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 request makeup time;
3. My makeup time request must be approved in writing before 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 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 University does not encourage, discourage, or solicit the use of makeup time.

Employee Signature _____ Date Request Submitted _____

For Supervisor Use Only:

Check One:

- ☐ Request for makeup time request has been approved and submitted.
- ☐ Makeup time off granted, but must work the following time hours rather than those submitted in your request:
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- ☐ Makeup time request has been denied.

Supervisor or Department Manager

Title

Please Print Name

Date