

MAKE-UP TIME REQUEST PERSONAL OBLIGATIONS

INSTRUCTIONS FOR COMPLETING THE MAKE-UP TIME REQUEST FORM

You must complete one of these forms for each make-up time request. This form must be filled out and signed by both the employee and the supervisor prior to taking time off...not after the fact. This form must be attached to the timesheet when submitted to Payroll. Please note that this option is to be used occasionally and not on a regular basis. Failure to properly fill out this form or attach it to the timesheet may result in overtime being charged to the department. There are no exceptions to these state requirements.

pportunity to miss	hours of work on		, because of	
		(date)		
nd to make up those missed	d hours at straight-t	ime pay durir	g the same work-	
		rstand that C	-U can grant or den	У
anted, that I may not exceed	d 11 hours of work in	n one day or	10 hours of work in	
•		•		
he make-up time is included	i.			
ersonal time off and make u		•		~
Employee's Name (Printe	d) & ID #	Employee	's Signature	
Approved by the Supervis	sor:			
Signature of Authorized Supervisor				
	make up the time on(special special spe	make up the time on I unde (specify date) anted, that I may not exceed 11 hours of work in the make-up time is included. ad this request, that the information it contains ersonal time off and make up the missed time, a untary basis. Employee's Name (Printed) & ID # Approved by the Supervisor:	(date) and to make up those missed hours at straight-time pay durin make up the time on I understand that CI (specify date) anted, that I may not exceed 11 hours of work in one day or 4 he make-up time is included. and this request, that the information it contains is fully accuraters onal time off and make up the missed time, and that I am untary basis. Employee's Name (Printed) & ID # Employee Approved by the Supervisor:	make up the time on I understand that CLU can grant or den (specify date) anted, that I may not exceed 11 hours of work in one day or 40 hours of work in he make-up time is included. and this request, that the information it contains is fully accurate, that CLU has not ersonal time off and make up the missed time, and that I am signing and submit untary basis. Employee's Name (Printed) & ID # Employee's Signature