



REQUEST TO MAKE-UP TIME

1. Complete form. 2. Obtain supervisor approval. 3. Submit original to Payroll (CP275).

NAME:

DATE:

I WILL MISS WORK FOR THE FOLLOWING REASONS:

DATES WORK WILL BE MISSED

TIMES WORK WILL BE MISSED

- | | | | | |
|----|-------|-------|---|-------|
| 1. | _____ | _____ | - | _____ |
| 2. | _____ | _____ | - | _____ |

I WISH TO MAKE-UP THIS NUMBER OF HOURS OF WORK: _____

DATES WORK WILL BE MADE-UP

TIMES WORK WILL BE MADE UP

- | | | | | |
|----|-------|-------|---|-------|
| 1. | _____ | _____ | - | _____ |
| 2. | _____ | _____ | - | _____ |

By signing below, the employee requests to make-up work by working additional hours, for time missed due to personal reasons or needs, as indicated above. The employee understands that any make-up time worked will be paid at straight time and must have prior written approval. The employee further understands that **time may only be made up during the same week that work was missed** and that **no more than 11 hours may be worked in a day**.

The employee acknowledges that their supervisor and/or members of the Foundation staff did not encourage, discourage or solicit the use of make-up time.

EMPLOYEE SIGNATURE

SUPERVISOR/DIRECTOR APPROVAL

DATE
