

**"Make Up Time" Request Form**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

REQUEST FOR "MAKE-UP TIME" DATE: \_\_\_\_\_

*\*Note: If a supervisor approves a written request of an employee to make up work time that is or would be lost as a result of a personal obligation of the employee, the hours of that make up work time, if performed in the same workweek in which the time was lost, may not be counted towards overtime purposes, except for hours in excess of 11 hours worked in 1 day or 40 hours in 1 workweek.*

Please fax back to our office for payroll purposes. Thank you.

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Employee Signature)