



Makeup Time Request

Employee Name (Please Print) _____

Department: _____

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. (circle one) to _____ a.m./p.m. (circle one).

I will make up the time within the same workweek as follows: *(The College's seven day workweek is Saturday through Friday. (Fill in the dates and hours you plan to work to make up the missed time below.)* **Staff members may not work more than 11 hours in a day or 40 hours in a work week 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 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 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 College does not encourage, discourage, or solicit the use of makeup time.

Staff Member Name

Department

For Supervisor Use Only. Please forward to the HMC Payroll Coordinator.

Check One:

- ☐ Your makeup time request has been approved and submitted.
- ☐ You may take the time off requested but work the following makeup time hours rather than those submitted in your request:
- ☐ Your makeup time request has been denied.

Supervisor Signature

Date

Please Print Name

Title