

MAKEUP TIME REQUEST

Employee Name (Please print) _____ Employee # _____

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: (Fill in the dates and hours you plan to work to make up the missed time.) **Employees may not work more than 11 hours in 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 separate request makeup time. If an employee knows in advance that he or she will be requesting make up time for a personal obligation that will recur at a fixed time over a succession of weeks, the employee may request to make up work time for up to four (4) weeks in advance; provided, however that the make up work must be performed in the same week that the work time is lost.
3. My makeup time request must be approved in writing before I take the requested the time off or work makeup time, whichever is first;
4. If I take time off and I 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. USD does not encourage, discourage, or solicit the use of makeup time.

Employee Signature _____ Date Submitted _____

Supervisor's Signature _____ Date _____

Supervisor's Title _____

The employee will still enter their time worked in Kronos and payroll will make the adjustment once the Makeup Time Request Form has been received. Any questions, please contact the Payroll Department at extension 4818.

Please forward to the Payroll Department in Maher Hall 112 or fax (619) 260-2988 prior to the end of the pay period.