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 ofa.m./p.m. (cir	rcle one) toa.m./p.m. (circle one)
plan to work to make up the missed time.) Emp	veek as follows: (Fill in the dates and hours you ployees may not work more than 11 hours in a making up time that was or will be lost due to
employee knows in advance that he or slobligation that will recur at a fixed time request to make up work time for up to that the make up work must be performe 3. My makeup time request must be approved off or work makeup time, whichever is fulfill take time off and I am unable to work hours missed will normally be unpaid;	for each separate request makeup time. If an ne will be requesting make up time for a personal e over a succession of weeks, the employee may o four (4) weeks in advance; provided, however d in the same week that the work time is lost. We d in writing before I take the requested the time first; ek the scheduled makeup time for any reason, the plan to take off, I must take that time off, even if son;
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 112, fax (619) 260-2988, or email to payroll@sandiego.edu prior to the end of the pay period.