

Make Up Time Form

This form is to be used to approve all make up time. The supervisor must approve make up time PRIOR to it being worked.

A Make Up Time form must be completed for all make-up time and submitted to the supervisor/manager for approval.

Reasons for Make Up Time:

From time to time, an employee may require time off and/or arrive late or leave early due to a doctor's appointment, medical tests, parent-teacher conference, etc.

Restrictions:

The lost time MUST be made up in *no less* than ½ hour increments **within the pay period** in which the time off was taken.

The supervisor will send the completed form to the Payroll Dept. to include in that pay period's regular time and attendance records.

Name of Employee: _____ Today's Date: _____

Department: _____

Date of Missed Time: _____ How Much: _____ HRS _____ MIN (Max: 8hrs)

The lost time must be made up in no less than ½ hour increments within the same pay period in which the time off was taken.

Date of Make Up Time: _____ How Much: _____ HRS _____ MIN (Min: 1/2hr.)

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Date of Make Up Time: _____ How Much: _____ HRS _____ MIN (Min: 1/2hr.)

Reason make up time is needed: (circle) Dr. Appt / Personal / Court / Car Trouble / Other

If Other, explain: _____

Supervisor's approval (initial): _____

Supervisor's Signature: _____

Printed Name: _____

Date: _____

****Attach to time card & file with payroll records****