

MAKE-UP TIME REQUEST FORM

INSTRUCTIONS

All non-exempt UEC employees must complete this form each and every time he/she wishes to request (at their own initiative) to make-up hours lost due to their own personal obligations or needs. An employee can make-up lost time (**paid as straight time**) only under the following conditions

- This form needs to be **completed and approved prior** to taking the time off.
- The employee can only make-up the lost time in the same week.
- The employee cannot work more than 11 hours in a single work day to make-up the lost time.
- After completion, please print and submit to your supervisor for approval. This form must be attached to the time sheet.

REQUEST INFORMATION

EMPLOYEE NAME: _____ DEPARTMENT: _____

I am requesting time off as a result of a personal obligation on:

DAY OF WEEK: _____ DATE: _____

HOURS: from _____ A.M. P.M. to _____ A.M. P.M.

I will make up time within the same workweek as follows:

DAY OF WEEK: _____ DATE: _____

HOURS: from _____ A.M. P.M. to _____ A.M. P.M.

I UNDERSTAND THAT:

1. My Supervisor or any member of UEC Management did not encourage, discourage or solicit me requesting the use of make-up time;
2. If I take time off and am unable to work the scheduled make-up time for any reason, the hours missed will normally be unpaid;
3. If I work make-up time before the time I plan to take off, I must take the time off, even if I no longer need the time off for any reason.

Employee Signature

Date

For Supervisor use only:

Your request has been approved

Your request has been denied

Supervisor's Signature

Date