



**MAKE-UP TIME REQUEST AND APPROVAL FORM**

Pay Period \_\_\_\_\_

**NOTE:** This form must be attached to the timecard (if applicable) and submitted to payroll in accordance with the timecard deadline or overtime will be paid. No exceptions or adjustments will be made.

**Name:** \_\_\_\_\_ **Daytime Phone # :** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_ **Dept. :** \_\_\_\_\_

Date(s) on which lost work time occurred	In/Out Hours on day lost work time occurred	No. of hours of lost work time	Date(s) on which excess hours worked to "make-up" lost time	In/Out Hours on day(s) "make-up" time occurred	No. of excess hours worked (over 8 hours per day)	Total # of hours to be moved from OT to regular hours (Max. 3/day)	Supervisor Approvals (Initials)
1/10/00 example	8am – 1pm	3	1/12/00	8am – 6:30pm	1.5	1.5	
example			1/13/00	8am – 6:30pm	1.5	1.5	


I am requesting to use make-up time due to personal obligations with the approval of my supervisor. I understand I can work up to eleven (11) hours per day for this purpose as long as the total for the workweek does not exceed forty (40) hours per work week (Saturday-Friday) without incurring daily overtime. I understand any hours in excess of forty (40) in a week or eleven (11) in one day will be paid at overtime rates. My signature below certifies that I have voluntarily requested to use make-up time and that it was not at the request or encouragement of my supervisor or the company.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature of Approval:** \_\_\_\_\_

**Supervisor TKC Confirmation\*:** \_\_\_\_\_

\*(For TKC employees: By signing above, the supervisor is verifying that he/she has approved this request and verified the hours were worked in TKC. TKC must reflect the actual hours worked, payroll will make the adjustments to OT)