

## REQUEST TO MAKE-UP TIME

1. Complete form. 2. Obtain supervisor approval. 3. Submit original to Payroll (CP285).

NAME:

DATE:

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I WILL MISS WORK FOR THE FOLLOWING REASONS:

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**DATES WORK WILL BE MISSED**

**TIMES WORK WILL BE MISSED**

- |    |  |   |  |
|----|--|---|--|
| 1. |  | - |  |
| 2. |  | - |  |

I WISH TO MAKE-UP THIS NUMBER OF HOURS OF WORK: \_\_\_\_\_

**DATES WORK WILL BE MADE-UP**

**TIMES WORK WILL BE MADE UP**

- |    |  |   |  |
|----|--|---|--|
| 1. |  | - |  |
| 2. |  | - |  |

By signing below, the employee requests to make-up work by working additional hours, for time missed due to personal reasons or needs, as indicated above. The employee understands that any make-up time worked will be paid at straight time and must have prior written approval. The employee further understands that **time may only be made up during the same week that work was missed** and that **no more than 11 hours may be worked in a day**.

The employee acknowledges that their supervisor and/or members of the ASC staff did not encourage, discourage or solicit the use of make-up time.

EMPLOYEE SIGNATURE

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SUPERVISOR/DIRECTOR APPROVAL

DATE

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