

**BLUE RIBBON PERSONNEL SERVICES
MAKEUP REQUEST FORM**

Employee Name

Employee Number

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

Day of the week _____

Date _____

From the hours of _____ a.m./p.m. (circle one) to _____ a.m./p.m. (circle one). I will make up the time within the same workweek as follows: *(Fill in the dates and hours you plan to work to make up the missed time.)* **Employees may not work more than eleven (11) hours in a day or forty (40) hours in a workweek as a result of making up time that was or will be lost due to a personal obligation.**

I understand that:

1. Any makeup time I work will not be paid at an overtime rate;
2. A separate written request is required for each occasion that I request makeup time;
3. My makeup time request must be approved in writing before I take the requested time off or work makeup time, whichever is first;
4. If I take time off and am unable to work the scheduled makeup time for any reason, the hours missed will normally be unpaid;
5. If I work makeup time before the time I plan to take off, I must take that time off, even if I no longer need the time off for any reason;
6. The company does not encourage, discourage, or solicit the use of makeup time.

Employee Signature

Date Submitted

_ For Employer Use Only: Check One:

- Your makeup time request has been approved and submitted.
- You may take the time off requested, but must work the following makeup time hours rather than those submitted in your request:

- Your makeup time request has been denied.

Signature

Date

Please Print Name

Title

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