

**SCRIPPS COLLEGE  
MAKE-UP TIME REQUEST FORM**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

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. to \_\_\_\_\_ a.m./p.m.

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

*Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or will be lost due to a personal obligation:*

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I understand that:

1. Any make-up time I work will not be paid at an overtime rate;
2. A separate written request is required for each occasion that I request make-up time;
3. My make-up time request must be approved in writing before I take the requested time off or work make-up time, whichever is first;
4. 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;
5. If I work make-up 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 College does not encourage, discourage or solicit the use of make-up time.

Employee Signature \_\_\_\_\_ Date Request Submitted \_\_\_\_\_

*For College Use Only (check one):*

\_\_\_\_\_ Your make-up time request has been approved as submitted.

\_\_\_\_\_ You may take the time off requested, but must work the following make-up time hours rather than those submitted in your request: \_\_\_\_\_

\_\_\_\_\_ Your make-up time request has been denied.

By \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor Signature