

Diocese of Sacramento

Makeup Time Request

Employee Name

I am requesting the opportunity to miss _____ hours of work because of personal obligations, and to make up those hours at straight-time pay during the same workweek, as follows:

Date/day of the week on which time will be missed: _____;

from the hours of _____ a.m./p.m. (circle one) to _____ a.m./p.m. (circle one).

I would like to make up the time within the same workweek as follows: (fill in the dates and hours by which you propose to make up the missed time.) **I understand that I 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 missed 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 **at least 24 hours before** 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 Diocese of Sacramento does not encourage, discourage, or solicit the use of makeup time by its employees, and I am signing and submitting this request on a free and voluntary basis.

Employee Signature

Date Submitted

For Employer Use Only:

Check One:

- Your makeup time request has been approved.
- 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.

Supervisor Signature

Date

Parish/School/ Department

City

Original: Personnel File

Copy: Payroll (attach to time sheet)
Employee