

Diocese of Sacramento — Human Resources Services
MAKE UP TIME REQUEST FORM

Employee name (please print): _____

Parish/School/Diocesan Dept. 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. to _____ a.m./p.m.

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 Parish / School 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

To Be Completed By Parish/School/Diocese

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.

Pastor/Principal/Supervisor Signature

Date