



The Foundation for
California State University,
San Bernardino

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397

REQUEST FOR MAKE-UP TIME

Instructions: All non-exempt employees must complete this form each and every time he/she wishes to request (at their own initiative) to make-up hours lost due to their own personal obligations or needs. An employee can make-up lost time (**paid as straight time**) only under the following conditions

- This form needs to be **completed and approved prior to taking the time off.**
- The employee can only make-up the lost time in the same week.
- The employee cannot work more than 11 hours in a single work day to make-up the lost time.

After approval the employee must attach this form to their timesheet or time card.

I _____, am requesting to work additional hours to make-up work time I missed due to personal reasons or needs. I understand that any make-up time I work will be paid at straight time and must have prior approval in writing. I further understand that I can only make-up the time I missed work during the same week and that I cannot work more than 11 hours in a day.

I missed work (I will miss time from work) for the following reason(s) _____ on (date) _____ during the hours of _____. I wish to make up the that lost time of _____ hours during the same work week by working additional _____ hour(s) on the following date(s) _____

My Supervisor/ or any member of the Foundation Management did not encourage, discourage or solicit me requesting the use of make-up time.

Employee Signature

Date

Your request has been approved denied

Supervisor's Signature

Date