PEPPERDINE UNIVERSITY

MAKE-UP TIME REQUEST

Employees can use this form to request for make-up time – without daily overtime pay – for work time lost because of personal reasons. Supervisory approval must be obtained on this form BEFORE the make-up time is worked. Make-up time plus regular hours worked may ***not exceed 11 hours*** in a day. Supervisors may not ask employees to request make-up time.

Separate requests must be made and approved for *each work week*.

The approved form must be submitted to Payroll *by 10:00 A.M. Monday of the following week*.

Make-Up Time Information (to be completed by the employee)

I hereby request to work additional hours to make up work time I missed due to a personal obligation. Upon approval, I will work the make-up hour(s) ***in the same workweek*** during which the time was lost as indicated below.

The scheduled work hours missed are:

_____	_____	_____	_____
Hours / Date	Hours / Date	Hours / Date	Hours / Date

I wish to make up the lost time of 0.00 hour(s) ***in the same workweek*** by working additional hour(s) on:

_____	_____	_____	_____
Hours / Date	Hours / Date	Hours / Date	Hours / Date

I understand that if this request is approved, the make-up hour(s) will be paid at my *normal hourly rate* and not considered overtime.

_____

Employee (Signature) *Print Name* *Date* *Extension*

Campus-Wide ID _____

Approval Information (Supervisory Approval)

☐ Approved ☐ Not Approved

_____

Approver (Signature) *Print Name* *Date* *Extension*

Title _____

Return Completed Form to the Payroll Office - Mail Code 4636

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