Employers Depot, Inc.  MAKE UP TIME POLICY

____________________________________ allows the use of makeup time when non-exempt employees need time off
to tend to personal obligations. **Makeup time worked will not be paid at an overtime rate.**

Employees may take time off and then make up the time later in the same workweek, or may work extra hours earlier in the
workweek to make up for time that will be taken off later in the workweek.

The following is required:

- Makeup time requests must be submitted in writing to your supervisor, with your signature, on the Company provided
  form.
- Requests will be considered for approval based on the legitimate business needs of the Company
  at the time the request is submitted.
- A separate written request is required for each occasion that the employee requests makeup time.
- If you request time off that you intend to make up later in the week, you must submit your request at least 24 hours in
  advance of the desired time off. If you request to work makeup time first in order to take time off later in the week,
  you must submit your request at least 24 hours before working the makeup time.
- **Your makeup time request must be approved in writing before you take the requested time off or work
  makeup time, whichever is first.**
- **All makeup time must be worked in the same workweek as the time taken off.** The company's seven day
  workweek is ___________day through ___________ day.
- 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 would be lost due to a personal obligation.
- If you take time off and are unable to work the scheduled makeup time for any reason, the hours missed will normally
  will be unpaid. However, your supervisor may arrange with you another day to make up the time if possible, based on
  scheduling needs.
- If you work makeup time in advance of time you plan to take off, you must take that time off, even if you no longer
  need the time off for any reason.
- An employee's use of makeup time is completely voluntary. The company does not encourage, discourage, or solicit
  the use of makeup time.
MAKE UP TIME REQUEST FORM

Employee Name

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. (circle one) to ___________ a.m./p.m. (circle one).

(Normal work schedule)

I will make up the time within the same workweek as follows: (Fill in the dates and hours you plan to work to make up the missed time.) 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.

Sample: 12/22/05 5pm to 8pm – 3 hours make up time

I understand the following:

• Any makeup time I work will not be paid at an overtime rate;
• A separate written request is required for each occasion that I request makeup time;
• My makeup time request must be approved in writing before I take the requested time off or work makeup time, whichever is first;
• If I take time off and am unable to work the scheduled makeup time for any reason, the hours missed will normally be unpaid;
• 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;
• The company does not encourage, discourage, or solicit the use of makeup time.

Employee Signature __________________________ Date Submitted __________________________

For Employer Use Only:
Check One:
☐ Your makeup time request has been approved and submitted.
☐ 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.

Management Signature __________________________ Date __________________________

Please Print Name __________________________ Title __________________________

Submit completed form to payroll with each time sheet.