

Unpaid Time Off 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)

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

I understand that:

1. The workweek runs from Monday at 12:00 a.m. to Sunday at 11:59 p.m.
2. Any make-up time I work will not be paid at an overtime rate.
3. A separate written request is required for each workweek that I request make-up time.
4. My make-up time request must be approved in writing before I take the requested time off.
5. If I take time off and am unable to work the scheduled make-up time for any reason, the hours missed will be charged to available sick, vacation, or personal time. If accrued time is unavailable, the hours missed will be unpaid.
6. Excessive unpaid time off may result in disciplinary action.
7. Manager discretion is advised based on office needs for requested time.

Employee Signature: _____

For Employer Use Only

Check one:

- Your make-up time request has been approved as submitted.
- The particular make-up hours that you have requested are being denied. The following dates and times are available and, if you choose to do so, you may submit an additional request to make up time during those dates/times rather than those submitted in your request. Again, the Company does not encourage, discourage or solicit the use of make-up time.

Your make-up time request has been denied

By: _____ Date: _____