

REQUEST FOR MAKE UP HOURS

DATE OF REQUEST: _____ (must be prior to activity)

FROM: _____ BUILDING: _____
Employee Printed Name

TO: _____
Building Principal

DATE TO MAKE UP HOURS: _____ NUMBER OF HOURS: _____

WORK ACTIVITY: _____

I certify that this request is in accordance with Article VIII, para E. of the MLEA - MLSD negotiated agreement.

SIGNATURE OF EMPLOYEE: _____

APPROVED: YES NO (Circle one)

SIGNATURE OF BLDG PRINCIPAL: _____ DATE: _____

Building use only: (Following approved activity)

of hours completed: _____

Logged by: _____ Date: _____
Printed Name

Signature of Building Principal: _____ Date: _____

Date submitted to the Treasurer's Office: _____ (Must be Prior to May 15th)