

# Classified AMI Make-Up Day Request

Name \_\_\_\_\_ Building \_\_\_\_\_ Position \_\_\_\_\_

Date of AMI Absence(s) \_\_\_\_\_ Hours/ Days \_\_\_\_\_

**Employee MUST have approval BEFORE AMI make-up time is worked.**  
**Employee CANNOT work overtime to make up AMI time.**  
**Make-Up time must occur AFTER the AMI day.**  
**Employee will clock in with AMI Code (Code 150) to Make-Up Time.**

I am a 12 month, 8 hour a day employee and will:

- \_\_\_\_\_ Come in to Work
- \_\_\_\_\_ Take Personal Leave
- \_\_\_\_\_ Take Vacation Leave
- \_\_\_\_\_ Work Extra Hours the rest of the week the AMI day occurs (if possible: Cannot Exceed 40 hours per week)

I work less than 12 months and less than 8 hours a day and will:

- \_\_\_\_\_ Come in to Work
- \_\_\_\_\_ Take Personal Leave
- \_\_\_\_\_ Add 30 extra minutes a day
- \_\_\_\_\_ Building/Department Specific Training Determined by Supervisor
- \_\_\_\_\_ Work Extra Hours the rest of the week the AMI day occurs (if possible: Cannot Exceed 40 Hours per week)
- \_\_\_\_\_ Make up the AMI day at the end of my Contracted Days (before June 1)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**APPROVED**

**NOT APPROVED**

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Completed on: _____
Principal/Supervisor Signature _____