

**Center on Aging and Health
Hours Make-Up Plan for Excused Absences (personal business)**

****Time must be made up within the same pay period****

Employee Name:

Employee Signature:

Date(s) Absent (MM/DD/YR):

**Hours Make-Up Plan (Submitted by the Employee)
(This must be approved prior to beginning make-up of time)**

Date to Make-Up Hours (MM/DD/YR)	Time Worked (From – To)	Project Tasks/Assignments Completed

Required Approvals for Hours Make-Up Plan:

Signature of Direct Faculty/Senior Staff Supervisor

Date: _____

Signature of Center Administrator

Date: _____

Once Hours Make-Up Plan is completed*, both employee and supervisor must read and acknowledge the following by signing below:

I, (Employee Name Here), have worked on the stated date(s) and time(s), and on the project task(s) recorded above.

Employee's Signature:

Date:

I, the Faculty/Senior Staff Supervisor, have reviewed work accomplished and attest to the fact that this employee has completed the Hours Make-Up Plan in a satisfactory manner.

Supervisor's Signature:

Date:

*Once Make-Up Plan is completed, please give signed form to COAH Administrator to file.