

The University of North Carolina Office of the President and General Administration

Adverse Weather Make-Up Time Agreement

I, \_\_\_\_\_ acknowledge that I missed the following  
(employee name)

time due to adverse weather: \_\_\_\_\_  
(hours/days)

This/these absence(s) occurred on \_\_\_\_\_  
(date/s)

I agree that I will make up this time within 12 months of the date of the absence(s) and that I will not record the make-up time as time worked since I will have been paid previously for this time. I have notified my supervisor of this absence and I will schedule my make-up time with his/her approval.

\_\_\_\_\_ (Employee)

\_\_\_\_\_ (Supervisor)

\_\_\_\_\_ (Date Approved)

\*\*\*\*\* Adverse Weather Make Up Time Log \*\*\*\*\*

Make-up time log:

	Date	Hours made up:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____