

MAKEUP TIME REQUEST

I hereby voluntarily request the opportunity to miss, or have already missed, ___ hours of work on the following date(s) _____, because of personal obligations. In compliance with Section 513 of the Labor Code, I hereby voluntarily request that I be allowed to make up those missed hours of work time at straight-time pay during the same workweek in which the work time was lost.

I understand that my employer can grant or deny this request. If granted, I understand that I may not exceed 11 hours of work in one day or 40 hours of work in the workweek when the makeup time is included. I also understand that I will not be paid overtime pay for the hours worked during the requested makeup time, except for makeup time in excess of 11 hours of work in one day or 40 hours of work in the workweek when the makeup time is included.

I certify that all of the information in this request is accurate and that my employer has not solicited or encouraged me to take personal time off and make up the missed time.

Date

Employee Signature

Employee Printed Name

- Approved
- Disapproved

Supervisor Signature

Date(s) and time(s) for approved makeup time (within the same workweek):

[RETAIN IN PERSONNEL FILE]

*This form is provided as a Member Benefit of the California Restaurant Association (CRA),
www.calrest.org or 800.765.4842.*

*While all information released by the CRA is intended to provide accurate information on the subject covered, the
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Likewise, this form is not and should not be considered legal advice. You are encouraged to consult your attorney,
accountant, or other appropriate professional, as needed.*