

MAKEUP TIME REQUEST

In compliance with Section 513 of the Labor Code, I hereby voluntarily request that I be allowed to make up work time during the same work week due to my losing work time on

Date(s)

due to a personal reason. I understand that I will not be paid overtime pay for the hours worked during the makeup time up, to three hours per day. My employer has not violated Section 513 by soliciting this request or suggesting that I should make up lost work time.

Date

Employee Signature

Approved

Employee Printed Name

Disapproved

Supervisor Signature

Date and time 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,
www.calrest.org or 800.765.4842

While all information released by the California Restaurant Association (CRA) is intended to provide accurate information on the subject covered, the CRA does not provide legal advice and any information provided by the CRA shall not constitute legal advice. 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.