

## **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

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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.

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Date

Employee Signature

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Employee Printed Name

Approved

Disapproved

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Supervisor Signature

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

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**[RETAIN IN PERSONNEL FILE]**

This form is provided as a Member Benefit of the California Restaurant Association,  
[www.calrest.org](http://www.calrest.org) or 800.765.4842

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