



MAKE UP TIME FORM

To Whom It May Concern:

Per the request of our employee named below, employee desires to work additional hours over eight (8) hours at regular pay rate to make up for personal time out of their regular work schedule for week ending ____ \ ____ \ ____.

The total number of hours the employee needs to makeup for is _____.

I, _____, agree to this arrangement and do not hold
PRINT EMPLOYEE NAME

Olympic Staffing Services, my employer, liable against Labor Laws.

EMPLOYEE SIGNATURE

Date