



## WAIVER FOR MAKEUP TIME

I, \_\_\_\_\_ waive my right to overtime pay for the  
(Print Name)

following dates: \_\_\_\_\_ .

The overtime hours worked are to make up for time missed on \_\_\_\_\_ .

By signing this document you agree to the forgoing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date