

AUTHORIZATION FORM FOR PAYMENT OF MISSED MEAL PERIOD, REST BREAK

Attempt to notify your supervisor/manager that you may not be able to take your rest period or meal break prior to the time of your scheduled break. Should you miss a lunch break or rest period, please attempt to obtain the signature of your shift supervisor, manager, or the nursing supervisor prior to the end of shift. If a member of management and/or nursing supervisor is not available to authorize and sign, the charge RN may sign. You should attempt to obtain signatures at least an hour prior to the end of your shift unless there are unforeseen circumstances (i.e. Code Blue, trauma, etc.). Please submit completed forms to the mailbox of the Asst Nurse Manager, Nurse Manager or Director. Also document your missed meal period or rest break in Kronos or on your timesheet.

EMPLOYEE NAME _____ DATE OF SHIFT _____ UNIT _____

MISSED MEAL PERIOD MISSED REST BREAK _____

DETAILED REASON FOR MISSED MEAL PERIOD/REST BREAK

AUTHORIZED SIGNATURE

PRINT NAME & DATE OF AUTHORIZATION

IF SUPERVISORS OR MANAGERS REFUSE TO SIGN, FILL IN THE INFORMATION BELOW, COPY AND SUBMIT TO DIRECTOR OF NURSING AND SEIU LOCAL 1021 STEWARD OR FIELD REP.

ALL AVAILABLE SUPERVISORS/MANAGERS FAILED OR REFUSED TO SIGN:

Refusing Supervisor/Mgr Name Time/Date of Request

Refusing Supervisor/Mgr Name Time/Date of Request