

MISSED MEAL/BREAK LOG

[FACILITY NAME]

DEPARTMENT: _____ COST CENTER: _____

Date: _____

If you were not given the opportunity to take your full meal or rest break as described in Accurate Timekeeping Is Your Responsibility, you must check the appropriate box below and note in the designated section why. It is your responsibility to notify the supervisor or manager in advance of your inability to leave take your meal or rest break. Each meal or break missed will need to be verified at the time it occurs by the supervisor or manager with their signature.

I have not taken my meal break as noted AND/OR I was not given an opportunity to take a rest period.

NOTE: The employee must provide an explanation under "notes" for all entries. If you need additional sheets, attach them securely to this document.

| | EMPLOYEE NAME | EMPLOYEE SIGNATURE | MISSED SHORT LATE MEAL | BREAK 1 | BREAK 2 | BREAK 3 | SUPERVISOR SIGNATURE | PRIOR APPROVAL Y/N | NOTES |
|----|---------------|--------------------|---------------------------------|---------|---------|---------|-------------------------|-----------------------|-------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

MISSED MEAL/BREAK LOG

[FACILITY NAME]

DEPARTMENT: _____ COST CENTER: _____

DAILY MISSED MEAL AND REST PERIOD SIGN-IN SHEET