MEAL BREAK REQUEST FORM



PURPOSE. This form is used to add a meal break "premium payment" to an associate's timecard for either a previous or current pay period. Managers may not make changes to an associate's timecard without this form and the associate's approval and signature.

ELIGIBILITY. You may be eligible for a meal break "premium payment" of 1 additional hour of pay at your regular rate of compensation. To qualify for this payment, one of the following conditions **MUST** be met:

- You fail to take your meal break by the 5th hour of consecutive work, and you worked for more than 6 hours in the day.
- Your meal break totaled less than 30-minutes.
- You fail to take a 2nd meal break by the 10th hour of work in the day and worked for more than 12 hours in the day, and you did not sign the "2nd Meal Waiver" form.

If any one of the above apply, you may be eligible for a maximum of 1 additional hour of pay per work day, regardless of how many of the above conditions apply, and in all instances, must be a result of <u>being required or asked to continue working</u> beyond your scheduled meal break start time **OR** <u>required or asked to return</u> from your meal break earlier than 30-minutes.

INSTRUCTIONS:

- 1. Associates are to provide their Full Name, Clock#, and their office or property name.
- 2. You must provide the date, applicable LUNCH OUT & LUNCH IN time, and the reason you are requesting for the "premium payment".
- 3. You must sign and date this form and provide it to your manager for their review and approval.
- 4. Managers are to input a maximum of 1 additional hour of "premium payment" on the associate's Workday timecard for the day in which the payment is for once it has been confirmed to be accurate and owed.
- 5. Managers must sign and retain a copy of this request form. Recommendation is to keep forms for as long as your associate is active. Once they leave the company, you may scan them to HR for additional retention.

Associate Name:			Associate Clock #:		_Location:	
DATE	TIME IN	LUNCH OUT	LUNCH IN	REASON FOR REQUEST		
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Associate Signature			Date	Manager Signature		Date

By signing above, Associate attests that the dates, times, and reasons for request are accurate and true to the best of their knowledge.