

Missed or Late Rest Break and/or Meal Period Form

Employee Name: _____

Clinic/Location: _____ Job title/position: _____

Name of Supervisor: _____

Date _____ Shift start time: _____

Please complete this form and make a photocopy for your own records and OPEIU Union Steward. Scan and email or fax the original copy to Mary Bartolo, Executive Vice President at marybartolo@seamarchc.org, fax: 206-788-3204 and to the Union at opeiu8@opeiu8.org, fax: 206-441-0207.

Rest Breaks: Rest breaks shall be taken on an uninterrupted basis as nearly as practical during the middle of each 4-hour period of work but not beyond the 3rd hour.

Meal Periods: Employees will not be required to take their meal period until at least three (3) hours after starting work or less than three hours before the end of their shift. Meal periods must be taken between the 3rd and 5th working hour.

Please select the box that applies:

- Missed my first break.
- Missed my second break.
- Late for my first (1st) break (beyond the 3rd hour of the start of my shift).
- Late for my second (2nd) break (within the last hour of my shift).
- Missed my meal period.
- Required to take my meal period before the 3rd hour of starting my shift. I took my meal period at ____ am/pm.
- Required to take my meal period during the last 3 hours of my shift. I took my meal period at ____ am/pm.

Please select the boxes that apply:

- No one was available to relieve me. Name of supervisor you notified: _____
- No break or meal period schedule posted.
- Not properly staffed.

You must provide an explanation regarding any boxes checked above.
