

trusted

AUTHORIZATION FORM FOR PAYMENT OF MISSED MEAL BREAK OR REST BREAK PERIOD

Attempt to notify your supervisor/manager that you may not be able to take your rest period or meal break (within 5 hours of the start of your shift) prior to the time of your scheduled break. Should you miss a meal break/rest break OR take a meal break after the 5 hour mark from the start of your shift, please 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 take a picture and upload your completed forms to your Trusted time keeping application.** This form should be completed for each missed/late meal break and each missed rest break.

Please also document your missed/late meal break(s) and/or rest break(s) on the facility timesheet.

EMPLOYEE NAME _____ DATE OF SHIFT _____ UNIT _____

Please select ONE option below:

MISSED/LATE MEAL PERIOD

MISSED REST BREAK

DETAILED REASON FOR MISSED OR LATE MEAL PERIOD AND REST BREAK

AUTHORIZED SIGNATURE

PRINT NAME & DATE OF AUTHORIZATION

IF SUPERVISORS OR MANAGERS REFUSE TO SIGN, PLEASE CHECK THE BOX BELOW:

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