NO BREAK SHEET

EMPLOYEE:		n Pl
DATE:	SHIFT:	
I was unable to take my brea	ak for the following reason): 1:
 No relief 	E	
O Census:Numbe	er of patients holding:	
Other:		
 Supervisor notified: 	YES	NO NO
Name of Supervisor:		
O Time notified:		
 Employee Signature: 		