

NOTICE OF MISSED MEAL PERIOD / BREAK

То;	Date/Time;	
	(Supervisor) was notified that	t management instructions and/or
patient	care needs required me/us to work through all or part o	f my/our thirty-minute Meal
Period	and/or fifteen-minute Break.	
Shift: _	Unit:	
Name 1. 2. 3. Name 1. 2. 3.	 Missed / Interrupted Fifteen-Minute Break: Yes / No Missed / Interrupted Thirty-Minute Meal Period: Yes / No Missed / Interrupted Thirty-Minute Meal Period: and (Choose One): a. I requested it be rescheduled. It was rescheduled for b. I requested it be rescheduled, but staffing/licensed coverage was not available. I request I be paid for the entire thirty-minute period. c. I did not request it be rescheduled. Instead, I request I be paid for all time worked. 	Description of Incident:
Name 1. 2. 3.	 Missed / Interrupted Fifteen-Minute Break: Yes / No Missed / Interrupted Thirty-Minute Meal Period: Yes / No Missed / Interrupted Thirty-Minute Meal Period: and (<i>Choose One</i>): a. I requested it be rescheduled. It was rescheduled for b. I requested it be rescheduled, but staffing/licensed coverage was not available. I request I be paid for the entire thirty-minute period. c. I did not request it be rescheduled. Instead, I request I be paid for all time worked. 	Supervisor Provided Coverage? Yes/ No Another Staff Nurse Provided Coverage? Yes / No Staffing Variance Form Filed? Yes / No

Signed, _____

(Provide one copy to Management and one copy to Union Rep)

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