

Hackensack Meridian Health
Missed/Interrupted Meal Period
Paid Time Adjustment Authorization Form

Hackensack Meridian Health ("HMH") non-exempt team members are entitled to receive an uninterrupted 30-minute meal period when they work a shift of more than 8 hours. During this meal period, team members shall be completely relieved of all job duties and shall perform no work whatsoever. Even minor work-related interruptions are not permitted during this period.

Team members must have permission from their supervisor to work during their meal period, unless it is impossible to obtain such permission due to unavoidable circumstances (i.e. urgent patient care needs or critically time sensitive matters). If team members do not obtain permission from their supervisors beforehand, they must report it to their supervisor as soon as possible.

For missed or interrupted meal periods, it is the team member's responsibility to complete this form, explaining the reason the meal period was missed or interrupted, as soon as possible after the missed or interrupted meal period. Pay adjustments will be made if work during a meal was approved or timely reported to supervisors.

Team Member Name: _____ ID # _____

Today's Date: _____

Date Worked: _____

Reason for Missed/Interrupted Meal Paid Time Adjustment: _____

(Must have approval from immediate leader)

Team Member Signature: _____

Leader Signature: _____

Date: _____

Leader's comments: _____

Payroll adjustment completed by: _____

Date submitted: _____

Timesheet updated: Yes/No