Meal Break – On Duty			
Employee Name	Employee	Employee Number	
I am scheduled to work:			
Date(s)			
From the hours of	a.m./p.m. (circle one) to	a.m./p.m. (circle one).	
My job duties on this date	are as follows:		
	_	duty because of the following objective criteria, which	
<ol> <li>An on-duty meal period is</li> <li>Even if all of the circumsta to eat my meal while perfo</li> <li>In order for an on-duty mean by signing below.</li> </ol>	rming the duties required. al break to be valid, an authorized co		
Employee Signature		 Date Submitted	
REVOCATION: I hereby revoke my on-du	ity meal break request.		
Employee Signature	1	 Date	
Check One:	For Employer Use Only	:	
	est has been approved and submitte	ed.	
Your onduty meal break requ	est has been denied.		
Signature		Date	
Please Print Name	Title		
Company			