CALIFORNIA MEAL AND REST PERIOD **PREMIUM REQUEST** FORM

Reminder to Employees: You must comply with all of the Company's Meal and Rest Period policies. If you do not fill out a premium request form, the Company will assume that any meal period not taken, taken after the end of the fifth hour (or end of the tenth hour for second meal periods) or that lasted less than 30 minutes were skipped, delayed, or shortened <u>by your own voluntary choice</u>. Likewise, if you do not fill out a premium request form, the Company will assume that any rest break not timely or completely taken, was skipped, delayed, or shortened <u>by your own voluntary choice</u>.

To Be Completed by Employee: **MEAL PERIODS**

I was not provided with, that is, I wanted to take and was not permitted to take, an uninterrupted, duty-free meal period of at least 30 minutes before the end of my fifth hour of work (or before the end of the tenth hour for second meal periods) on the following dates for the reasons described:

Date & Reason for Not Taking Meal Period *(use a second form for more room if needed)*	**Check all that apply**	
	No first meal, or a delayed or short first meal period	No second meal, or a delayed or short second meal period

To Be Completed by Employee: **REST PERIODS**

I was not provided with, that is, I wanted to take and was not permitted to take, a timely, uninterrupted, duty free 10-minute minute rest period on the following dates for the reasons described:

Date and Reason for Not Taking Rest Period *(use a second form if you need more room if needed)*	**Check all that apply**		
	No first rest period, or a delayed or interrupted first rest period	No second rest period, or a delayed or interrupted second rest period	No third/fourth rest period, or a delayed or interrupted third/ fourth rest period

By my signature below, I certify that the information listed above is true and correct.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor acknowledgment:

Supervisor Name (print):_____

Supervisor Signature: _____ Date: _____