CALIFORNIA NURSES ASSOCIATION

A Voice For Nurses ~ A Vision For Healthcare

MISSED MEALS AND BREAKS

To: (Supervisor)_____ Date:_____

_____ **I missed my first break today**

_____ **I missed my second break today**

_____ **I work a 12- hour shift and missed my third break today**

_____ **I missed my meal break today**

Manager performing break relief? ☐Yes ☐ No

Managers Name: _____Date:_____

Manager performing CNA work? ☐Yes ☐ No

Managers Name: _____Date:_____

When being relieved, were you in ratio? ☐Yes ☐ No

Please make sure to pay me the penalty pay (one hour per day for missed rest break, one hour per day for missed meal break) as required by the *California State Industrial Welfare Commission Order 5-2001.*

Name_____ **Facility**_____

Unit_____ **Shift**_____

- **Give the original to your manager, KEEP ONE COPY for your records, give ONE COPY to your CNA Nurse Representative or Labor Representative**
- **Record it in the TIME SYSTEM**
- **FILE AN ADO if you did not get adequate relief**

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