

RSU 24
Employee Record of Lunch Break Opt Outs

Position: _____

Location: _____

Pay Period Ending: _____

<u>Week One</u>			<u>Week Two</u>		
<u>Day</u>	<u>Date</u>	<u>Voluntary Opt Out of Provided Lunch Break</u>	<u>Day</u>	<u>Date</u>	<u>Voluntary Opt Out of Provided Lunch Break</u>
Sunday		<input type="checkbox"/>	Sunday		<input type="checkbox"/>
Monday		<input type="checkbox"/>	Monday		<input type="checkbox"/>
Tuesday		<input type="checkbox"/>	Tuesday		<input type="checkbox"/>
Wednesday		<input type="checkbox"/>	Wednesday		<input type="checkbox"/>
Thursday		<input type="checkbox"/>	Thursday		<input type="checkbox"/>
Friday		<input type="checkbox"/>	Friday		<input type="checkbox"/>
Saturday		<input type="checkbox"/>	Saturday		<input type="checkbox"/>

Employee Name (Printed): _____

Employee Signature: _____

Date

By signing this form, I state that I am voluntarily choosing not to take a 30 consecutive minute, unpaid lunch break, provided to me by my employer, Regional School Unit 24.

Supervisor Name (Printed): _____

Supervisor Signature: _____

Date
