



**California Meal Period, Rest Period and Recovery Period
Premium Request/Authorization Form**

DIRECTIONS: Insert date or if applicable date(s) if more than one meal or rest period was missed in the pay period.

- Required to work through some or all of my first, 30-minute meal period on _____
 - Required to take my meal period after the fifth hour in the workday on _____
 - Required to work through some or all of my second, 30-minute meal period on _____
 - Required to take my second meal period after the tenth hour in the workday on _____
 - Not authorized and permitted to take first rest period on _____
 - Not authorized and permitted to take second rest period on _____
 - Not authorized and permitted to take third rest period on _____
 - Not authorized and permitted to take fourth rest period on _____
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Recovery Period (If applicable to employee's working conditions)

Insert date or if applicable date(s) if more than one recovery period is missed in the pay period: _____

- Employee was not authorized and permitted to take a 5-minute recovery period(s) to avoid heat illness on _____
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Employee Signature

Date

Employee Printed Name

Employee ID No.

Approved meal period premium

Approved recovery period premium

Approved rest period premium

Supervisor Signature

Date

Submit approved form Operations Department via your Supervisor