

Meal Break Counseling Form

Employee's Name:	Job Title:
Date of Meal Break Issue:	Today's Date:
Supervisor:	

Purpose of Counseling *(check off all applicable)*

- Late meal break (meal break started after the end of the 5th or 10th hour of work)
- Missed meal break (no meal break taken)
- Short meal break of _____ minutes (meal break of less than thirty (30) minutes)

Employee Explanation *(choose one)*

- Employee was unable to take full 30-minute meal period, due to workload interruptions by supervisor or co-worker(s) for work purposes.
- Employee voluntarily declined to take meal break.
- Employee decided voluntarily to take meal break late.
- Employee decided voluntarily to take meal break of less than thirty (30) minutes.
- Other: _____

Counseling Actions *(complete entire section)*

- Advised employee to follow Meal and Rest Period Policy and provided a copy of the policy.
- Formal Written Corrective Action Recommended

Comments/Notes: _____

Employee Signature

Manager Signature