

No Lunch Emergency Correction Form

Employee Name: _____ Title: _____

Pay Period: Sunday _____ to Saturday _____
(Fill in Date) (Fill in Date)

If you are seeking to report that you **DID NOT** take lunch during one or more shift due to an emergency, please:

- 1) Indicate the date(s) for which you **DID NOT** take lunch in **Column 3**.
- 2) Print the name of the Authorized Supervisor who instructed you to work through lunch in **Column 4**.
- 3) Sign and fill out dates at the bottom and **return to your supervisor** for approval.

If you are seeking a Time Clock Correction, please use the "Time Clock" Correction form.

IMPORTANT:	Day	Date	PRINT NAME of Authorized Supervisor
[1]	[2]	[3]	[4]
ONLY COMPLETE FOR DAY(S) IN WHICH YOU WORKED AND WERE INSTRUCTED TO WORK THROUGH LUNCH	Sunday		I was directed to work through lunch by:
	Monday		I was directed to work through lunch by:
	Tuesday		I was directed to work through lunch by:
	Wednesday		I was directed to work through lunch by:
	Thursday		I was directed to work through lunch by:
	Friday		I was directed to work through lunch by:
	Saturday		I was directed to work through lunch by:

Notes:

Employee Request: I certify that the above corrections accurately represent my hours worked through the pay period of Sunday _____ to Saturday _____
(Fill in Date) (Fill in Date)

Employee Signature: _____ Date: _____

Supervisor Approval: I approve these corrections for payroll and billing purposes.

Supervisor Signature: _____ Date: _____