

MISSED LUNCH FORM

EMPLOYEE NAME & DISCIPLINE	FACILITY NAME:	DATE:	SHIFT TIME:
Please provide a reason for the mis	ssed lunch of the above-named emp	lovee.	
ricuse provide a reason for the mis	sea function the above flamed empl	oycc.	
By signing below, I acknowledge the above listed shift.	at the above-named employee was	unable to take a	a lunch break on the date of the
SUPERVISOR PRINTED NAME:	SUPERVISOR SIGNATUR	E:	DATE:
	Sunset Staffing		
	MISSED LUNCH FO	DN/I	
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SUPERVISOR PRINTED NAME:	SUPERVISOR SIGNATUR	E:	DATE: