



Name	Date
SS#	RN LPN CNA Other
Customer Name	Department

I did not receive a lunch break for this single shift for the reason stated below. I agree that I understand I am required by law to take a minimum of a 30 minute lunch break for every shift I work that is 5 hours or longer.

Employee Signature_____

Customer certifies and confirms that this MedPlus Employee DID NOT receive a lunch break for this single shift for the reason stated above. Customer also confirms that this MedPlus Employee will be paid for their lunch break for this single shift.

Customer Signature_____