

# Know Your Rights: Breaks & Meal Periods



Our Union contract guarantees that all workers get at least a 30-minute meal period if working more than five hours in a day. Our contract language says that the hospital has an obligation to provide an employee with a 30-minute **uninterrupted** meal period or provide penalty pay.



## REST AND MEAL PERIODS

The Hospital will authorize and permit each employee a 15 minute paid rest period for each four (4) hours worked. An employee will receive a penalty payment consisting of an additional hour of pay at his/her regular rate of pay for any day in which an employee is not permitted to take a rest break as required by state law.

Employees who fail to receive a **thirty (30) minute off-duty meal period** shall be entitled to one (one) hour of penalty pay at the employee's regular rate of pay.

If it appears that an employee will be unable to take a rest period or a meal period that he/she has not waived, it shall be the employee's responsibility to advise his or her manager (or designee) of this as soon as it becomes apparent, so that the manager (or designee) has an opportunity to intervene. **If an employee is not relieved of duty (as required by law) during the meal period or rest period, the employee must advise his/her manager (or designee) in writing on the day of the occurrence.**

**You must notify your charge nurse or supervisor of your desire to take your break.  
If you are denied one of your breaks or meal period, fill out the form below  
and return it to your Union Representative or Steward.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Unit

### Meal Period

1. (Date) \_\_\_\_\_ I did not receive a meal period. I informed Supervisor/Charge \_\_\_\_\_

2. (Date) \_\_\_\_\_ I was instructed to take a meal period and as a result, other RNs in the Unit worked out of ratio. Supervisor/Charge \_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Steward

### Rest Breaks

1. (Time requested) \_\_\_\_\_ (Date) \_\_\_\_\_  
Supervisor/Charge \_\_\_\_\_

I spoke to my Supervisor and requested to take my rest break. I did not receive a rest break. I notified my Supervisor on the day of the occurrence in writing or verbally that I did not receive a break.

2. (Time) \_\_\_\_\_ (Date) \_\_\_\_\_  
I was instructed to take a rest break and, as a result, other RNs on the Unit worked out of ratio.