



Employee Rest Period Option



(ONLY available for *6-hour* and *6.5-hour* employees)

Employee Name: _____

Employee Number: _____

Job Classification: _____

School Site: _____

I choose to have the following Rest Period Option: **(CHOOSE ONE ONLY)**

☐

Two (2) ten (10) minute separate breaks

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One (1) twenty (20) minute break

This will remain in effect until I revoke this request.

A signed copy of the *Employee Rest Period Option* will be distributed as follows:

- ☐ School Administrative Assistant (SAA)
- ☐ Employee's Personnel File (Food Service Manager)
- ☐ Human Resources Representative
- ☐ Employee

Employee Signature and Date: _____

Food Service Manager and Date: _____