

Timekeeping, Meal and Rest Period Report



Employee Name: _____

Title : _____

Code	Description
TE	Time Edit - Missed or inaccurate clock in/out
MP	Meal Period - Missed, Late, Short or Interrupted
RP	Rest Period - Missed
VAC/PTO	Vacation/Paid Time Off (accrued only)
SICK	Sick time (accrued only)
JD	Jury Duty (up to ___ days)
BRV	Bereavement (up to ___ days)
Code	Description of Time or Rest Period Issue
ER	Employee Refused*
EC	Employee's Choice*
ITW	Instructed to Work
PBW	Prevented By Work
O	Other

Instructions: Please record the time, meal or rest period issues below. Employees are required to complete, sign, and submit this form to Human Resources his/her supervisor each week in which the time clock, meal or rest period issue(s) occurred. Supervisor is required to approve this form, and send to payroll by the end of business by or before midnight Friday via email to payroll@lexiconinc.com

Employees are required to submit an explanation for any time, meal or rest period issue (e.g., forgot to clock in, missed 1st meal period, missed 3rd rest period, short 2nd meal period, etc.). If employee indicates the meal or rest period issue was *employee's choice, *employee refused, or *other, employee is required to provide additional details in the explanation column.

Day of the Week	Date of Time, Meal or Rest Period Issue (MM/DD/YY)	Code	Clock In	Start Meal /Clock Out	End Meal / Clock In	Clock Out	Reason for Time, Meal or Rest Period Issue	Explanation
Example 1	12/28/2020	MP	8:00 AM	1:15 PM	1:45 PM	5:15 PM	EC	Took a late meal period because wasn't hungry.
Example 2	12/28/2020	RP					ITW	Asked by supervisor to skip rest period to work.
Example 3	12/28/2020	TE	8:00 AM	12:05 PM	12:35PM	5:00 PM	TE	Forgot to clock in.
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

I certify that this record is an accurate report of my time and attendance as it occurred during the designated period.

Pursuant to Company policy, I understand that I am entitled to an uninterrupted, thirty-minute meal period whenever I work more than five hours in a workday and that my meal period must begin before the end of the fifth hour of work (unless, for workdays of six hours or less, I voluntarily waived my meal period). I further understand that, pursuant to Company policy, I am entitled to a second, uninterrupted thirty-minute meal period whenever I work more than ten hours in a workday and that my second meal period must begin before the end of the tenth hour of work.

I also understand that I am authorized, permitted, and encouraged to take a 10-minute (net) paid rest period for every 4 hours worked or major fraction thereof. In accordance with Company policy, I understand that if I **involuntarily** experience a late, short, interrupted or missed meal or rest period (e.g., I wasn't allowed to take a proper meal or rest period), the Company will pay me one hour of premium pay for that meal or rest period. However, if I **voluntarily** choose to miss a meal or rest period, take a late, short or interrupted meal or rest period (e.g., it was my own choice to refuse* an authorized meal or rest period), the Company will not pay me for one hour of premium pay for that meal or rest period.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

HR/Payroll Signature: _____

Date: _____