



CAD Staffing Inc Missed Break/Overtime Authorization Form

DIRECTIONS:

Insert date or, if applicable, date(s) if more than one meal or rest period was missed in the pay period or overtime is granted.

Employee Name and Designation: _____

Date:

Shift:

Facility:

Detailed reason for missed meal period/rest break/OVERTIME:

Employee (print first/last name)

Date

Print Name of facility supervisor signing form: _____

Supervisor (signature) Charge nurse, manager, etc.:

Date

This form must be submitted to Payroll in accordance with the timesheet schedule for the applicable pay period.