



**Missed/Interrupted Meal Paid Time Adjustment
Authorization Form**

Team Member Name: _____ ID # _____

Date Worked: _____

Reason for Missed/Interrupted Meal Paid Time Adjustment: _____

(Must have approval from immediate leader)

Leader Signature: _____

Payroll adjustment completed by:

Date completed: _____

Please refer to HR Policy # 01-2507.