

SUPERIOR READY MIX
EMPLOYEE WORK REPORT

Name (printed): _____

Employee#: _____

Week Beginning Date: ____/____/_____

Plant: _____

I noted on my timecard that I missed a meal break, or took a late or short meal break, during one or more of the dates below. I understand that Superior authorizes and permits me to take a 30-minute uninterrupted meal break as set forth in Superior's meal break policy that has been provided to me and that I have read. For the day(s) below where I noted on my timecard that I missed a meal break, or took a short or late meal break, if I voluntarily chose to do that, I have noted that below. If I involuntarily missed a meal break, or I involuntarily took a short or late meal break, I have also noted that below and explained why this occurred.

	Meal Period Began	Meal Period Ended	I voluntarily decided not to take a 30-minute uninterrupted meal break (or a second meal break if applicable)	I involuntarily missed a meal break or involuntarily had to take a short or late meal break
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

I noted on my timesheet that I missed a rest break, or took a late or short rest break, during one of the dates below. I understand my employer must authorize and permit all employees to take rest breaks at the rate of 10 minutes net rest time per four (4) hours or major fraction thereof as stated in Superior's rest break policy that has been provided to me and that I have read. For the day(s) below where I noted on my timecard that I missed a rest period, or took a short or late rest break, if I voluntarily chose to do that, I have noted that below. For the day(s) where I involuntarily missed a rest break, or I involuntarily had to take a short or late rest break, I have also noted that below and explained why this occurred.

	Rest Period Began	Rest Period Ended	I voluntarily decided not to take a 10-minute rest break (or a second rest break, if applicable)	I involuntarily missed a rest break or involuntarily had to take a short or late rest
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

The information provided in this form is true and correct.

Employee signature: _____

Supervisor signature: _____