

EXHIBIT 2

DAILY TIMEKEEPING, MEAL PERIOD, AND REST PERIOD REPORTING FORM

Employee Full Name _____
Position _____

Date/Time Issue Occurred _____
Department _____

1. **Reported Issue(s):** Missed Meal Period Missed Rest Period Late Meal Period
 Interrupted Meal Period Incorrect Time Entry Short Meal Period

Reason for Late, Short, Missed, or Interrupted Meal Period: Voluntary Involuntary Other (describe)

Please provide details of what happened below regarding meal period, rest period, or time entry:

Rest Period Issue(s): Missed Rest Period (1) Missed Rest Period (2)
 Missed Rest Period (3) Missed Rest Period (4)

Reason for Missed/ Incorrect Time Entry: Forgot to Record Time Clock Broken Other (describe)

If not enough room, explanation can be written by employee on the reverse side of this form.

****Corrected Entries:**

Please enter your *actual* in and out time, if there was an error in your timekeeping.

Actual In _____ Actual Out/Meal _____
(hh:mm am/pm) (hh:mm am/pm)

Actual In/Meal _____ Actual Out _____
(hh:mm am/pm) (hh:mm am/pm)

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 understand that 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 strongly encouraged to take a 10-minute (net) paid rest period for every 4 hours worked or major fraction thereof. If I voluntarily miss a meal or rest period or voluntarily experience a late, short, or interrupted meal period (e.g., it was my own choice to refuse an authorized meal or rest period), I understand that I am not entitled to one hour of premium pay for that meal or rest period. If I involuntarily miss a meal or rest period or involuntarily experience a late, short, or interrupted meal period (e.g., I wasn't allowed to take a proper meal or rest period), I understand that I am entitled to one hour of premium pay for that meal or rest period.

Employee is required to complete, sign, and submit this form to his/her supervisor immediately after the meal period, rest period, or time entry issue(s) occur.