|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BREAKS AND LUNCHES | | | | NO. 426 | |
| POLICY: Employees are entitled to breaks and lunches in accordance with the following guidelines and Illinois State Law:  HOURS WORKED BREAKS     |  |  | | --- | --- | | Less than 4 hours | No break | | More than 4, less than 5 ½ | 1 – 15 minute break **if time permits** | | More than 5 ½, less than 7 | 1 – 15 minute break **if time permits**  1 – 30 minute meal period | | More than 7, less than 12 | 2 – 15 minute break **if time permits**  1 – 30 minute meal period | | More than 12, less than 16 | 3 – 15 minute break **if time permits**  1 – 30 minute meal period |   PROCEDURE:   1. Staff is not to take their rest periods in resident lounges, rooms, or other resident areas, nor are they to visit with other employees who are working and **not** on break. Staff may take their breaks and meal periods in the employee break room. 2. Staff should recognize the need to provide continuous coverage in the facility, thus each break and meal time is to be approved by the immediate supervisor. 3. Each department and shift will schedule break and meal times appropriate to the function of each job. 4. Breaks and meal times are of a designated length of time and may not be extended. 5. A 15-minute break is not to be taken with/as addition to a 30-minute break period. 6. 15-minute break times are paid time and staff may not leave the facility without prior approval from their supervisor, and punching out, and then back in upon their return. 7. One-half hour meal breaks are unpaid and staff will punch out at their approved meal time, and punch back in after it. Staff may leave the facility during this time. 8. Disregard of the rule to punch out at the 30-minute meal period, and in at the end of the meal period, may result in progressive disciplinary action, per the supervisor’s discretion. 9. The 30-minute meal period includes time spent to purchase the food and the time spent to eat and may not total more than 30 minutes.   I have read, understand and agree to abide by this policy.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Name Printed Signature Date | | | | | |
| Approved: | Effective Date: | Revision Date:  7/10; 2/12; 1/14; 3/17 | Change No.: | | Page:    1 of 1 |