



LUNCH NOT OFFERED WITHIN FIRST 6 HOURS

On _____ I worked in excess of six (6.00) hours without being offered a lunch break.

Shift Begin Time: _____ Shift End Time: _____

If lunch break given after six (6) hours, note time lunch was given: _____

My Supervisor / Postmaster was: _____

Print Name: _____

Signature: _____

Date Signed: _____

Work Office: _____

When completed, send this for to the Lehigh Valley Area Local, APWU for investigation. Forms can be faxed to 610-865-3781, or mailed to the address at the top of this page.

Remember, any grievance for this violation must be filed within 14 days of the date of the incident. Send them in without delay.