

*Designed to be provided in an electronic form*

**Administrative Questions**

*By submitting this form, you are attesting to your belief that it is complete and accurate.*

1. Name of person filling out form \_\_\_\_\_
2. Title of person filling out form \_\_\_\_\_
3. Email of person filling out form \_\_\_\_\_
4. Hospital name (drop down menu)
5. Reporting quarter (drop down menu)

**Missed Meal and Rest Periods**

6. Total number of covered employees in the quarter \_\_\_\_
7. Number of meal periods required to be given to covered employees in the quarter \_\_\_\_
8. Number of rest periods required to be given to covered employees in the in the quarter \_\_\_\_
9. Number of required meal periods that were missed in the quarter \_\_\_\_
10. Number of required rest periods that were missed in the quarter \_\_\_\_

**Compliance Rate:** 
$$\frac{(Line\ 7+Line\ 8)-(Line\ 9+Line\ 10)}{(Line\ 7+Line\ 8)}$$

**Confirmation**

11. I attest that the data contained on this form is accurate, valid, and has not been inappropriately manipulated or modified.
12. To the best of my knowledge, employees reporting their meal and rest break information during the period covered under this report were free from coercion that would cause inaccurate recording.