

CLAIM FORM

FOR NURSES WORKING THROUGH LUNCH

RCSTA CONTRACT LANGUAGE: "In the event due to medical circumstances there is not time available for lunch during the workday, the nurse shall be compensated for the missed lunch period at a rate of \$22.00 for each missed lunch."

PLEASE COMPLETE THIS FORM AND TURN INTO THE BUILDING PRINCIPAL TO SIGN OFF ON AND THEN FORWARD TO THE OFFICE OF THE SUPERINTENDENT. THANK YOU.

NAME: _____ BUILDING: _____

DATES(S) WORKED _____ X \$22.00/DAY= _____ AMOUNT DUE

SIGNATURE OF CLAIMANT

DATE

BUILDING PRINCIPAL

DATE

SUPERINTENDENT

DATE