



BERKELEY COUNCIL OF CLASSIFIED EMPLOYEES
AFT LOCAL 6192, AFL-CIO

10.1.5 Exceptional Work Day

Date: _____

To: _____

From: _____

I was assigned to a field trip or I was assigned to work during my lunch and/or rest period(s). I am requesting release time to be paid as comp time or that I am allowed to leave early.

BCCE Member: If you did not get your lunch or break(s), complete this form and check all boxes that apply to your interrupted lunch or break(s). Submit this form to your immediate supervisor when you wish to leave early for the day or to request comp time off at 1-1/2 time. Earned comp time off shall be by mutual agreement between the employee and the supervisor.

This form must be submitted within 5 working days of the missed lunch or rest period(s)

Date of Occurrence	Interrupted or assigned to work during Lunch or Rest Period(s) Check all applicable boxes.	Comp Time Earned	Date of Requested Time off
	<input type="checkbox"/> Lunch <input type="checkbox"/> Rest Period(s)		
	<input type="checkbox"/> Lunch <input type="checkbox"/> Rest Period(s)		
	<input type="checkbox"/> Lunch <input type="checkbox"/> Rest Period(s)		
	<input type="checkbox"/> Lunch <input type="checkbox"/> Rest Period(s)		
	<input type="checkbox"/> Lunch <input type="checkbox"/> Rest Period(s)		