

CORPORATE POLICY

SUBJECT: Rest/M Meal Periods as Hours of Work	CATEGORY: Human Resources
	ORIGINAL DATE: November 10, 1992
	REVISED-REVIEWED DATE: <u>August 24, 2022</u>May 27, 2020
	REVISION DATE: <u>September 28, 2022</u>August 24, 2022

I. POLICY

In compliance with Illinois Statute ~~the (820 ILCS 140/3.) statute,~~ Lake County Health Department and Community Health Center (LCHD/CHC) employees who ~~are to~~ work 7.50 hours or more per shift are permitted a meal period to provide ~~them employees~~ with essential time for rest and relief. ~~-Meal breaks are unpaid, unless required to be on call for the entire shift.~~

The customary meal periods shall be as follows:

<u>Actual Hours of Work</u>	<u>Rest/M Meal Duration</u>	<u>Shift Examples</u>
<u>7.5 hours</u>	<u>30 -minutes</u>	<u>8:30 am – 4:30 pm</u>
<u>7.5 hours</u>	<u>1 hour</u>	<u>8:30 am – 5:00 pm</u>
<u>8 hours</u>	<u>30 minutes</u>	<u>8:00 am – 4:30 pm</u>
<u>8 hours</u>	<u>1 hour</u>	<u>8:00 am – 5:00 pm</u>
<u>12 hours</u>	<u>45 minutes</u>	<u>7:45 am – 8:30 pm</u>
<u>12 hours</u>	<u>1 hour</u>	<u>7:30 am – 8:30 pm</u>

Employees may not forgo rest/meal periods for the purpose of reducing their ~~assigned~~ work schedule. For example, an employee may not work through their one ~~(1)~~ hour meal period for the purpose of leaving work one ~~(1)~~ hour early. Nor should the employee work through their designated meal period, without prior authorization from ~~their~~ supervisor or supervisor's designee.

To provide employees with essential time for rest and relief, customary meal periods shall be as follows:

<u>Hours of Work</u>	<u>Rest/M Meal Period</u>
<u>8:30am – 5:00pm</u>	<u>1 Hour</u>
<u>9:00am – 5:00pm</u>	<u>30 Minutes</u>
<u>8:00am – 4:00pm</u>	<u>30 Minutes</u>

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~~40 hour/week employees (8.5 hour shift): 30 Minutes~~

~~Employees may not forgo rest/meal periods for the purpose of reducing their assigned work schedule. For example, an employee may not work through their one (1) hour meal period for the purpose of leaving work one (1) hour early.~~

I.II. SCOPE:

~~All Lake County Health Department and Community Health Center~~ LCHD/CHC employees.

II.III. PROCEDURE:

None

III.IV. REFERENCES:

None

IV.V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

VI. APPROVALS:

Lake County Board of Health President

Signature: _____ Date: _____