



CITY OF RIVIERA BEACH CANCEL MEAL DEDUCTION FORM

EMPLOYEE INFORMATION

Name: _____ City ID Number: _____
(First, Middle, Last)

Department/Division: _____ Telephone Number: _____

The cancellation of meal deductions must be pre-approved and submitted to the Finance Department prior to any adjustments being made to the deduction.

***Record your cancel meal deduction, sign and return to your immediate supervisor for approval.**

Date	Time In		Time Out		Reason
		<input type="checkbox"/> AM		<input type="checkbox"/> AM	
		<input type="checkbox"/> PM		<input type="checkbox"/> PM	

EMPLOYEE APPROVAL

I hereby request the cancellation of the meal deduction stated above.

Employee's Signature: _____ Date: ____/____/____
(Must be original signature) Month /Day /Year

SUPERVISOR AND DIRECTOR APPROVAL

I hereby certify that the cancellation of the meal deduction reported above is approved.

Supervisor's Name: _____

Signature: _____ Date: ____/____/____
Month /Day /Year

Director's Name: _____

Signature: _____ Date: ____/____/____
Month /Day /Year

***Employees who inaccurately report their hours are subject to disciplinary measures, including termination, in accordance with Timekeeping Policy FN-23-001.**