



CONCORDIA UNIVERSITY CHICAGO

Meal Exchange request for Work or Class Conflict

Name: _____ **H #** _____

Please check where applicable:

Work Conflict _____ Class Conflict _____
Employer _____ Class Name _____

(Please fill out meal exchange form for each meal)

Days Needed: **M T W T F S S** (Circle Days Needed)

Beginning Date: _____ Ending Date: _____
(This must be a DATE!)

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IMPORTANT: PLEASE READ THE FOLLOWING TO MAKE SURE YOU UNDERSTAND THE AGREEMENT.

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1. We reserve the right to discontinue services for **Meal Exchanges NOT PICKED UP.**
2. We require 36 hour notice prior to the start of either of the above plans.
4. All meal exchange requests must be approved by a Manager and will not commence until after such approval.
5. Meal Exchanges may be picked up in the main kitchen after 5pm on the prior day.

Student's Signature _____ **Date** _____

Mgr. Approval Date: _____