



**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!)

\* \* \* \* \*

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

\* \* \* \* \*

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:** \_\_\_\_\_