

**Sunday Lunch Prescription Fill
Pay Claim Form**

I worked on Sunday _____ (date) without a technician present at store number _____.

I agreed to take an on call lunch and during my on call lunch period it was necessary that I fill a prescription. Please provide me with my extra one half (1/2) hour pay.

Pharmacist's Name: _____

Pharmacist's Signature: _____

Date Submitted: _____

Name of Person Form Submitted to: _____

Pharmacists - please retain a copy for your records.