

**MEAL PERIOD WAIVER AGREEMENT
(FOR SHIFTS OF SIX AND /OR TWELVE HOURS MAXIMUM)**

Name: _____	Employee Number: _____
Position: _____	Department: _____
Hire Date (Month/Day/Year): _____	Today's Date (Month/Day/Year): _____

Under California law, a non-exempt employee must have a meal period of no less than thirty minutes for every work period of more than five hours and a second meal period must be provided if the employee works over ten hours.

Under the following circumstances, an employee is allowed to waive the first or second meal periods:

- (1) The first meal period may be waived if no more than six hours of work will complete the _____ day's work; and
- (2) The second meal period may be waived if the total work hours are no more than twelve hours **and** the first meal period has not been waived.

By means of this form, I am requesting a waiver of a meal period if my work hours qualify under the categories of numbers (1) or (2) above.

I understand that I or my employer may revoke this "Meal Period Waiver" at any time by providing one day's written notice of the decision to do so. This waiver will remain in effect until the option to revoke is exercised by either party.

Unless revoked in writing as provided above, this agreement shall be in full force and effect during the entire period of my employment.

I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employee's Signature Date (Month/Day/Year)

Supervisor's or Management Signature Date (Month/Day/Year)

Distribution: Original to Employee Personnel File, Copy to Employee