



Meal Break Waiver

Employee Name _____

I am scheduled to work a shift of 6 hours or less on (please write “ongoing” if you would like this to be a standing waiver):

Dates(s) _____

From the hours of _____ am/pm to _____ am/pm

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. If I am scheduled to work more than 10 hours in a day, I must take my 1st lunch by the 5th hour, but can waive my 2nd lunch only.
3. I may revoke this agreement to waiver, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature

Date

REVOCAATION:

I hereby revoke this waiver effective _____.

Employee Signature

Date

Supervisor Name

Date