

Meal Period Waiver



I, _____, am scheduled to work a shift of 6 hours or less on:
Employee printed name

Date(s): _____

From the hours of _____ a.m./p.m. to _____ a.m./p.m.

I understand that:

1. I may waive my 30-minute unpaid meal period only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
3. I may revoke this agreement to waive, in writing, my meal period at any time by signing this form as indicated below.

Employee Signature

Employee Number

Date Submitted

Supervisor Signature

2nd Meal Period Waiver



I, _____, am scheduled to work a shift of 10 hours or more, but less than 12 hours on:
Employee printed name

Date(s): _____

From the hours of _____ a.m./p.m. to _____ a.m./p.m.

I understand that:

1. I may waive my second required 30-minute unpaid meal period only when my work and/or scheduled shift will be completed in 12 hours or less in one workday. I may not waive my first meal period.
2. I may not waive my second required 30-minute unpaid meal period if my work time is over 12 hours.
3. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
4. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature

Employee Number

Date Submitted

Supervisor Signature