

Employee Name: _____

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

Start: _____ End: _____

From the hour of _____:_____ a.m/p.m (Circle One) to _____:_____ a.m/p.m

I understand that:

1. I may waive my second required 30-minute unpaid meal break only when my work and or scheduled shift will be complete in 12 hours or less in one workday.
2. I may not waive my second required 30-minute unpaid meal break if I waived my first meal period, which must have begun no later than 4 hours and 59 minutes into my shift.
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.
5. Employee acknowledges that he/she has received mean and rest periods as mandated by state law.

Date

Employee Signature

Date

Printed Client Site Supervisor's Name

Client Site Supervisor's Signature

Date

Date

Printed Sci-tek Representative

Sci-Tek Representative Signature

Date

Revocation : I hereby revoke this waiver.

Date

Employee Signature

Date