

MEAL BREAK WAIVER

Employee Name: _____

I am Scheduled to work a shift of 6 hours or less on:

Date(s) _____

From the hours of _____ a.m./p.m. (circle one) to _____ a.m./p.m. (circle one)

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 day.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in the writing by signing below.
3. I may revoke this agreement to waive , in writing, my meal break at any time by signing this form as indicated.

Employee Signature

Date Submitted

Signature

Date

Company

Title

Revocation: I hereby revoke this waiver.

Employee Signature

Date