

MEAL & REST PERIOD ACKNOWLEDGEMENT

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

I understand that state law requires my employer to authorize and permit me to take a meal period of no less than 30 minutes whenever I work more than five hours in a workday. The meal period must begin before I exceed five hours of work. I understand that the meal period must be duty free and that I am permitted to leave the premises and use the break time for personal purposes. Unless I qualify for an exception and an authorized superior and I both sign a waiver of my right to a meal period, I understand it is my obligation and my employer's policy to take a meal period of at least 30 minutes within the time identified above.

I also understand that I am entitled to a rest period of no less than ten minutes for every four hours worked or a major portion of four hours worked. I further understand that the rest period should be taken as close to the middle of each work period as possible, and that no supervisor may ask or require me to give up my rest period. I understand that the rest period must be duty free and that I am permitted to leave the premises and use the break time for personal purposes.

I hereby certify that I fully understand the rules regarding meal periods and rest periods and will comply fully with those rules. Because a violation of this rule may constitute a violation of the law and my employer's policy, I understand that I may be subject to discipline, including the possibility of termination, if I violate this policy.

If I am denied a meal or rest period to which I am entitled by law and my employer's policy, I agree to notify the Director of Human Resources/Supervisor/Office Manager (select one) within 24 hours so that the matter can be fully and carefully investigated and appropriate corrective action can be taken. I also agree to notify the Director of Human Resources/Supervisor/Office Manager (select one) any time my break is untimely, short, or otherwise insufficient, as to the reason, as soon as possible.

ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have read, understand and agree to comply with this policy.

Employee's Signature

Date (Month/Day/Year)

Distribution: Original to Employee Personnel File, Copy to Employee