

MEAL PERIOD WAIVER AGREEMENT (FOR SHIFTS OF SIX AND /OR TWELVE HOURS MAXIMUM)

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

Under California law, a non-exempt employee is entitled to a meal period of no less than thirty minutes for every work period of more than 5 hours. A non-exempt employee is entitled to a second meal period of no less than thirty minutes for every work period of more than ten hours.

Under the following circumstances, an employee is allowed to waive the first or second meal periods:

- (1) Waiver of First Meal Period:
 - Employee works no more than 6 hours in a workday; and
 - Employer and employee mutually consent to the waiver.
- (2) Waiver of Second Meal Period:
 - Employee works no more than twelve hours in a workday;
 - Employee took the first meal period; and
 - Employer and employee mutually consent to the waiver.

By means of this form, I am requesting a waiver of the first and second meal periods, when I meet the qualifications above regarding hours worked.

I understand that I or my employer may revoke this "Meal Period Waiver" at any time by providing one day's written notice of the decision to do so. This waiver will remain in effect until the option to revoke is exercised by either party.

Unless revoked in writing as provided above, this agreement shall be in full force and effect during the entire period of my employment.

I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employee's Signature

Date (Month/Day/Year)

Supervisor's or Management Signature

Date (Month/Day/Year)

Distribution: Original to Employee Personnel File, Copy to Employee