



Meal Break Waiver Form

Employee Name: _____ K No: _____
(Print name)

Department: _____

Waiver Effective Date: _____

I understand that under California Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes, during which time I am relieved of all duties.

I consent to *wave* my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday. I understand that if my shift exceeds 6 hours, I am **required** to take an unpaid meal break of at least 30 minutes.

In order for this waiver to be valid, my supervisor must authorize it by signing below.

Employee Authorization

Employee Signature: _____ Date: _____

Supervisor Authorization

Supervisor Signature: _____ Date: _____

Supervisor's Name: _____
(Print Name)

Please return the completed Meal Break Waiver Form to the Payroll Office.