

Meal Break Waiver – 2nd Meal

Employee Name

Employee Number

I am scheduled to work a shift of 10 hours or more, but less than 12 hours 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 second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed 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 below.

Employee Signature

Date Submitted

REVOCACTION: I hereby revoke this waiver.

Employee Signature

Date

For Employer Use Only:

Check One:

Your meal break waiver request has been approved and submitted.

Your meal break waiver request has been denied.

Signature

Date

Please Print Name

Title

Company