

Meal Break Waiver

Employee Name

Employee Number

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 workday.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in 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 below.

Employee Signature

Date Submitted

REVOCAION: 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