

AGREEMENT TO WAIVE MEAL BREAK PERIOD

Employee Name

CWID

I understand that:

- I may voluntarily 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.
- I may voluntarily waive my required second 30-minute unpaid meal break only when my work and/or scheduled shift will be over 10 hours but completed in 12 hours or less in one workday.
- In order for this waiver to be valid, an authorized human resources representative must also authorize the waiver in writing by signing below.
- I may revoke this agreement to waive, in writing, my meal break anytime.

Employee Signature

Date

Department

Human Resources Signature

Date