

Meal Period Waiver-Employee Shift 10 to 12 Hours

Employee Information

Employee Name: _____

Date of Request: _____

Job Title/Classification: _____

Project: _____

Requested Time Frame

Please list the date(s) in which you wish to waive your meal period when scheduled to work a shift of 10 to 12 hours:

From _____ going forward, or until I choose to revoke this agreement.

From _____ to _____ or _____

Other _____

Acknowledgement

I understand that:

1. I may waive my second 30-minute unpaid meal period when I work more than 10 hours in a day and less than 12 hours in a day.
2. The second meal waiver can only be waived **if** I have taken my first meal period by my 5th hour of work.
3. In order for this waiver to be valid, an authorized company official (manager/supervisor) must also authorize the waiver in writing by signing below.
4. I may revoke this agreement to waive my meal period at any time by submitting a signed, written request to my supervisor and notifying the Payroll Office of the revocation.
5. Meal Waivers are not retro-active. They are valid upon receipt in the Payroll Office.
6. A copy of this waiver will be on file in the Payroll Office.

I certify that I have read this request, that my supervisor has not encouraged or solicited me to waive my meal period, and that I am submitting this request on a free and entirely voluntary basis.

Employee Signature: _____ Date: _____

Result of Request

- Your meal period waiver request has been approved and will be on file in the Payroll Office
- Your meal period waiver request has been denied

Supervisor Name (print): _____ Red ID: _____

Supervisor Signature: _____ Date: _____