

EMPLOYEE MEAL PERIOD WAIVER FORM

I understand that I am entitled to a 30-minute duty-free unpaid meal period when I work more than five hours in a work period. I understand that I may waive meal periods under the following circumstances:

_____ If I work no more than six hours on any given work period, I may waive my right to a meal period. By checking the box next to this paragraph and signing below, I am confirming that I am voluntarily electing to waive my employer's obligation to provide a thirty-minute uninterrupted meal period on any day I work six or fewer hours. **I understand that any day I work more than six hours, this waiver is invalid.** I understand that I may revoke this waiver at any time by providing written notice of the decision to do so.

_____ If I work more than ten hours, but no more than twelve hours, I understand that I am entitled to two thirty-minute uninterrupted meal periods. By checking the box next to this paragraph and signing below, I am confirming that I am voluntarily electing to waive my employer's obligation to provide a second thirty-minute uninterrupted meal period, so long as any day that I waive my second meal period I will work no more than twelve hours, and I have been provided a timely uninterrupted first meal period of 30 minutes. **I understand that any day I work more than twelve hours, this waiver is invalid.** I understand that I may revoke this waiver at any time providing written notice of the decision to do so.

As a courtesy and for planning purposes, the Company would appreciate receiving notice of revocation the day prior to the revocation taking effect.

Employee Signature

Date

Print Name