

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 I agree must and will be taken 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 Name

Date Submitted

REVOCATION: I hereby revoke this waiver.

Employee Name

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

Printed Name

Title

Company