



MEAL BREAK WAIVER
(Employee Shift 6 Hours or Less)

Employee Name: _____

I am scheduled to work a shift of 6 hours or less on: _____

from the hours of _____ (indicate am or pm) to _____ (indicate am or pm)

I understand that:

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.

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

I may revoke this agreement to waive my meal break at any time by signing this form as indicated below.

Employee Signature: _____ Date: _____

REVOCATION

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.

Approved/denied by:

Name: _____ Title: _____

Signature: _____ Date: _____