AGREEMENT TO WAIVE MEAL BREAK PERIOD

_________________________________________  ____________________________
Employee Name                                               CWID

_________________________________________
Date

_________________________________________
Employee Signature                                            Date

_________________________________________
Department

_________________________________________
Human Resources Signature                                     Date

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.