

MEAL BREAK WAIVER:

I, _____, understand that there will be days in which I will only work between five (5) and six (6) hours of work in one day. On days in which I work no more than six (6) hours in one day, I agree to waive the 30-minute meal break that I am entitled to take. This waiver is completely voluntary. I have not been coerced or forced to waive my meal break by any manager or supervisor at _____. I understand that I can revoke this waiver at any time. If I choose to revoke this waiver, I agree to immediately notify either my manager in writing of my revocation.

Signature of Employee

Date: _____

Printed Name of Employee

Date: _____

Signature of Manager

Date: _____