

Meal Break Waiver
Employee Shift 6 hours or Less

Employee Name: _____ Department: _____

Position: _____ Semester Waiver Effective: _____

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

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

I understand that:

1. I give my consent 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.
2. In order for this waiver to be valid, my Supervisor/Manager must also authorize the waiver by signing below.
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature: _____ Date: _____

For Employer Use Only:

_____ Your Meal break waiver request has been approved and submitted.

_____ Your meal break waiver request has been denied.

Supervisor/Manager Name: _____ Title: _____

Signature: _____ Date: _____

REVOCAATION: I hereby revoke this waiver.

Employee Signature: _____ Date: _____