



Meal Break Waiver

Employee Name: _____ Employee ID Number: _____

I am regularly/occasionally (circle one) scheduled to work a shift of 6 hours or less:

I understand that:

1. 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 must also authorize the waiver in writing by signing below;
3. I may revoke this agreement to waive my meal break in writing at any time by signing this form as indicated below.

Effective Date of Meal Waiver: _____

Employee Signature: _____ Date: _____

REVOCACTION: I hereby revoke this waiver effective _____.

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.

Supervisor Signature: _____ Date: _____

Please Print Name & Title _____

Make 2 copies
 Please copy and provide signed copy to employee
 Retain one copy for your files
 Send original to Research Foundation Administration for the personnel file