
Meal Break Waiver

[Meal Break Policy](#)

Employee Name: _____

Employee ID Number: _____

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 blow.

Employee Signature: _____ Date: _____

REVOCAION: 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.

Supervisor Signature: _____ Date: _____

Supervisor Printed Name and Title: _____

1. The Meal Break Waiver will go into effect once CSE Human Resources has received and processed the completed document. Due to California Labor Laws, requests for retroactive Meal Break Waivers for previously processed pay periods cannot be honored.
2. Please provide a signed copy of the meal waiver to the employee.

Please submit meal waiver forms via the secure [Employee Personnel Change Document\(s\) submission link](#) on the CSE website.