

Employee Name: _____ Employee ID Number: _____

I am regularly/occasionally (circle one) scheduled to work shifts of 10 hours or more, but less than 12 hours.

I understand that:

1. I may waive my second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 12 hours or less in one workday.
2. I may not waive my second required 30-minute unpaid meal break if I waived my first meal period, which must have begun no later than 4 hours and 59 minutes into my shift.
3. In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.
4. 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

Please copy and provide signed copy to employee
Retain one copy for your files
Send original to Chico State Enterprises for the personnel file