

**Meal Break Waiver Form**

**Employee Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Waiver Effective Date:** \_\_\_\_\_

I understand that under California Labor Law, I am entitled to one unpaid 30-minute meal period on shifts over five hours and a second unpaid 30-minute meal period on shifts over 10 hours, which I am relieved of all duties.

I give my consent to waive my 30-minute unpaid meal break today.

I understand that I may only do so when my work and/or scheduled shift will be completed in 6 hours or less in one workday. I understand that if my shift exceeds 6 hours, I am required to take an unpaid meal break of at least 30 minutes. I understand that if my shift is more than 10 hours but not more than 12 hours, I may waive my second meal period if the first meal period was not waived.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

**Employee Authorization Employee Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Authorization Supervisor Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_