

Meal Waiver Agreement

Employee Name:

Job Title:

Department:

Effective Date:

California Labor Code Section 512 establishes clear guidelines regarding meal periods for employees working hourly shifts. Specifically, employees working more than five (5) hours in a workday are entitled to an uninterrupted, unpaid 30-minute meal break. Additionally, if an employee works more than ten (10) hours in a single workday, they are entitled to a second uninterrupted 30-minute unpaid meal period.

That said, the law provides some flexibility by allowing employees to voluntarily waive these meal breaks under certain conditions:

First Meal Period:

- The total scheduled workday does not exceed six (6) hours, and
- The employer and employee mutually consent to the waiver.

Second Meal Period:

- The total scheduled workday does not exceed twelve (12) hours, and
- The employee took the first meal period, and
- The employer and employee mutually consent to the waiver.

Agreement

By signing this form, I voluntarily agree to waive:

I voluntarily agree to waive my first 30-minute unpaid meal period on any workday in which my shift does not exceed six (6) hours.

I voluntarily agree to waive my second 30-minute unpaid meal period on any workday in which:

- My shift does not exceed twelve (12) hours, and
- I have taken the first meal period.



I understand and acknowledge the following:

- This waiver is only valid for workdays in which my total scheduled hours are six (6) or fewer (for the first meal period), or twelve (12) or fewer (for the second meal period, provided I have taken the first)
- If my workday is scheduled to exceed six (6) hours, this waiver is no longer valid and I must take at least a 30-minute unpaid meal period. If my workday exceeds twelve (12) hours, this waiver is no longer valid for the second meal period, and I must be provided a second 30-minute unpaid meal period.
- I have the right to revoke this waiver at any time by submitting a signed and dated revocation in writing to my supervisor or the Human Resources department.
- I will continue to receive all required paid rest breaks, which are separate from meal periods and cannot be waived, which include one rest period for every four (4) hours of work.
- I understand that meal and rest periods must be recorded accurately on time records.

I understand my right to paid 10-minute rest breaks and acknowledge that they cannot be waived.
 I understand that I may revoke this waiver at any time and will notify HR or my supervisor in writing.

Employee Signature: _____ **Date:** _____

Supervisor/Manager Signature: _____ **Date:** _____

Human Resources Signature: _____ **Date:** _____



Meal Period Waiver Revocation (if applicable)

Complete this section only if revoking the waiver.

I hereby revoke my meal period waiver. I understand that I will be provided a 30-minute unpaid meal period for any shift over five (5) hours.

Employee Signature: _____ **Date of Revocation:** _____

Supervisor/Manager Acknowledgment: _____

Date: _____