

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.



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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- If my workday is scheduled to **exceed six (6) hours, this waiver is no longer valid and I must take at least a 30-minute unpaid meal period. If my workday exceeds twelve (12) hours, this waiver is no longer valid for the second meal period, and I must be provided a second 30-minute unpaid meal period.**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:** _____

Office of Human Resources

535 Watson Drive | Claremont, CA 91711 | (909) 607-7855 | kgi.edu



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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: _____

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