



**Employee Printed Name:** \_\_\_\_\_ **Waiver Effective Date:** \_\_\_\_\_

I understand that under California Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes during which I am relieved of all duties. I give my consent that 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. I understand that if my shift exceeds 6 hours, I am required to take an unpaid meal break of at least 30 minutes.

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

This waiver will remain in effect until it is cancelled in writing.

By signing this document, you acknowledge that you have read and understood the information above.

Employee Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

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