Second Meal Period Waiver Authorization

_____
Employee Name

California law generally requires employees who work more than ten (10) hours in a workday to receive a second unpaid 30-minute meal period. If all legal requirements are met, an employee may voluntarily waive the second meal period.

Please select **one** of the following options:

☐ **Standing Waiver**
I voluntarily choose to waive my second unpaid 30-minute meal period whenever I work more than 10 hours but no more than 12 hours in a workday, provided that:

- I did not waive my first meal period;
- My first meal period was timely provided in accordance with California law; and
- This waiver otherwise complies with applicable law.

This waiver will remain in effect until I revoke it in writing.

Effective Date: _____

☐ **One-Time Waiver**

I voluntarily choose to waive my second unpaid 30-minute meal period for the following workday only:

Date: _____

Scheduled Shift: _____ a.m./p.m. to _____ a.m./p.m.

Employee Acknowledgment:

I understand and agree that:

1. This waiver is entirely voluntary.
2. I may waive my second meal period only when I work more than ten (10) hours but no more than twelve (12) hours in a workday and all legal requirements for a second meal period waiver are satisfied.
3. I may not waive my second meal period if I have also waived my first meal period.

4. I may revoke a standing waiver at any time by providing written notice to Human Resources. My revocation will apply prospectively and will not affect any previously waived meal periods.
5. I understand that I may choose not to sign this waiver and that I will not be retaliated against for choosing not to sign or for later revoking this waiver.
6. This waiver must be signed before the meal period would otherwise required and may not be used to retroactively waive a meal period that has already been taken.

Employee Signature: _____

Date: _____

Revocation of Standing Waiver:

I hereby revoke my standing Meal Period Waiver Authorization effective as of the date below:

Employee Signature:_____

Date:_____

Human Resources Acknowledgement:

Received By: _____

Date Received:_____