Meal Waiver Authorization – 6 Hour Shift of Less

_____
Employee Name

California law generally requires employees who work more than five (5) hours in a workday with a 30-minute meal period. When the employee's total work period for the day will be no more than six (6) hours, the meal period may be waived by mutual consent of the employee and employer.

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

☐ **Standing Waiver**

I voluntarily choose to waive my unpaid 30-minute meal period whenever my **total work period for the workday will be more than (5) hours but no more than six (6) hours.**

I understand that this waiver does not apply if I work more than six (6) hours in the workday. If I work more than six hours, I understand that a meal period must be provided in accordance with applicable California law.

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

Effective Date: _____

☐ **One-Time Waiver**

I voluntarily choose to waive my unpaid 30-minute meal period for the following workday only, provided my total work period for the day does not exceed six (6) hours:

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 first unpaid 30-minute meal period only when my total work period for the workday will be no more than six (6) hours.

3. If I work more than six (6) hours in the workday, this waiver does not apply and I must be provided a meal period in accordance with applicable California law.
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 may not be used retroactively to excuse a meal period that was required

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:_____