MEAL PERIOD WAIVER

Employer	
Employee	
Nature of Employee's Work	

On those work days when I do not work more than six hours, I wish to waive my unpaid meal period that I would otherwise be entitled to receive under California law (the law entitles me to a 30-minute unpaid meal period) and voluntarily agree to waive that meal period. I understand that, as a result of this Waiver, I will not receive a meal period on those work days when I work six hours or less.

I understand that if my shift exceeds 6 hours, I am required to take an unpaid meal break of at least 30 minutes. **I also acknowledge that I may choose an on-duty meal break, by signing the separate agreement for on-duty meal periods.**

I understand that this Waiver will be valid until revoked. I further understand that I can revoke this Meal Period Waiver at any time.

By signing below, I acknowledge that I have read this Meal Period Waiver, fully understand it, and voluntarily agree to its provisions.

Employee Signature	
Employee Name & Date	