Meal Period Waiver-Employee Shift 6-Hours or Less

Employee Information

Employee Name: Date of Request:

Job Title/Classification: Project:

Requested Time Frame

Please list the date(s) in which you wish to waive your meal period when scheduled to work a shift of 6 hours or less:

☐ From _____ going forward, or until I choose to revoke this agreement.

☐ From _____ to _____ or

☐ Other _____

Acknowledgement

I understand that:

1. I may waive my 30-minute unpaid meal period only when my work and/or scheduled shift will be completed in 6-hours or less in one workday.

2. In order for this waiver to be valid, an authorized company official (manager/supervisor) must also authorize the waiver in writing by signing below.

3. I may revoke this agreement to waive my meal period at any time by submitting a signed, written request to my supervisor and notifying the Payroll Office of the revocation.

4. Meal Waivers are not retro-active. They are valid upon receipt in the Payroll Office.

5. A copy of this waiver will be on file in the Payroll Office.

I certify that I have read this request, that my supervisor has not encouraged or solicited me to waive my meal period, and that I am submitting this request on a free and entirely voluntary basis.

Employee Signature: _____   Date: _____

Result of Request

☐ Your meal period waiver request has been approved and will be on file in the Payroll Office

☐ Your meal period waiver request has been denied

Supervisor Name (print): _____   Red ID: _____

Supervisor Signature: _____   Date: _____

Original to HR
Copy to Payroll