**California Meal Break Waiver – 2nd**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

1. I can waive my second 30-minute unpaid meal break only if my work or scheduled shift is finished in 12 hours or less within one workday.

2. I cannot waive my second 30-minute unpaid meal break if I waived my first meal period, which should have started no later than the end of the 5th hour of my shift.

3. For this waiver to be valid, it must be authorized in writing by an authorized company official.

4. I can revoke this meal break waiver at any time by signing this form as indicated below.

Date I would like to wave my 2nd meal break: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVOCATION:**

I hereby revoke this waiver.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Employer Use Only: Check One:

* Your meal break waiver request has been approved and submitted.
* Your meal break waiver request has been denied.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_

* Processed in HR / Payroll System and placed in employees file.