



MEAL BREAK WAIVER AGREEMENT

Employee Name: _____

Position: _____

Department: _____

I agree to waive meal periods as follows:

First Meal Period

- I understand that I am entitled to an unpaid meal break of not less than 30 minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day's work will be completed within a work period of not more than six (6) hours.
- Accordingly, I agree to waive the meal period whenever my total day's work will be completed within a work period of not more than six (6) hours.

Second Meal Period

- I understand that I am entitled to a second unpaid meal break of not less than 30 minutes if I work more than ten (10) hours during a workday. However, I understand that I can waive the second meal period when my total day's work will be completed within a work period of not more than twelve (12) hours, if I did not waive the first meal period.
- Accordingly, I agree to waive the second meal period whenever my total day's work will be completed within a work period of not more than twelve (12) hours, if I did not waive the first meal period.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or the employer at any time by providing one day's written notice of the decision to do so. This waiver will remain in effect until the option to revoke is exercised by either party.

Unless revoked in writing as provided above, this agreement shall be in full force and effect during the entire period of my employment.

Employee's Signature

Supervisor's or Management Signature

Date (Month/Day/Year)

Date (Month/Day/Year)

Please forward form to the Payroll Department by emailing it to payroll@actriv.com