

MEAL PERIOD WAIVER AGREEMENT

Employee Name (Please print)	
Department:	
I agree to waive meal periods as follows:	
First Meal Period	
minutes during which I am relieved of all du	and uninterrupted meal period of not less than 30 ties starting no later than the end of the fifth (5th) at I can waive the meal period when my total day's d of not more than six (6) hours.
☐ I agree to waive the meal period whe within a work period of not more than six	enever my total day's work will be completed (6) hours.
Second Meal Period	
than 30 minutes if I work more than ten (10) understand that I can waive the second meal	
	iod whenever my total day's work will be ore than twelve (12) hours, as long as I did not
I enter into this agreement freely and voluntarily writing by either me or the college at any time.	. I understand that this agreement can be revoked in
Employee's Signature	Date
Supervisor's Signature and Approval	Date
Supervisor's Name (Please Print)	_

Supervisor: Please return the completed Meal Period Waiver Agreement to the Office of Human Resources, located in Kingston Hall. Be sure to keep a copy for your department file.