



MEAL PERIOD WAIVER AGREEMENT

Employee Name (Please print) _____

Department: _____

I agree to waive meal periods as follows:

First Meal Period

I understand that I am entitled to an unpaid and uninterrupted meal period of not less than 30 minutes during which I am relieved of all duties starting no later than the end of the fifth (5th) hour of work. However, I also 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.

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 and uninterrupted meal period of not less than 30 minutes if I work more than ten (10) hours during a work day. However, I also 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, as long as I did not waive the first meal period.

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, as long as 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 college at any time.

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.