



Meal Break Waiver Form

Please Print

Employee Name: _____ ID Number: A _____

Department: _____ Effective Date: _____

I understand that under California law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes during which I am relieved of all duties.

I give my voluntary consent to Taft College that I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday. I understand that if my shift exceeds 6 hours, I am **required** to take an unpaid meal break of at least 30 minutes.

I understand that I may revoke this agreement at any time by providing written notice of my request to revoke to Human Resources. This agreement will remain valid for a period of 12 months unless revoked.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below and forwarding the original signed document to Human Resources. Waivers not on file in Human Resources will be invalid.

Employee Authorization

Employee Signature: _____ Date: _____

Supervisor Authorization

Supervisor Signature: _____ Date: _____

Return the completed, original Meal Break Waiver Form to the Human Resources office. A copy may be kept for your department records.

For HR/Payroll Use Only:

Date received by HR: _____ Received by: _____ Expiration Date: _____

Date payroll notified: _____ Revoked on: _____