Company Name: _____

Store #: _____

Address: _____

MEAL BREAK WAIVER ELECTION AGREEMENT

The Company requires employees to take all meal and rest periods required by California law. California law allows certain meal periods to be waived only in limited circumstances and only by mutual consent. This form allows the employee to make a separate voluntary election for the first and second meal periods. Choosing not to waive a meal period will not result in retaliation or adverse treatment.

Employee Name: _____

FIRST MEAL PERIOD ELECTION

I understand that when I work more than five (5) hours in a workday, I am generally entitled to an unpaid meal period of at least 30 minutes. If my total workday will be completed in no more than six (6) hours, the first meal period may be waived by mutual consent of the employee and the Company.

☐ **I AGREE TO WAIVE** my first meal period on a workday when my total workday will be more than five (5) hours but no more than six (6) hours.

☐ **I DO NOT AGREE TO WAIVE** my first meal period. I understand the Company will provide the required meal period when applicable.

Important: The first meal period cannot be waived when the employee works more than six (6) hours in the workday.

SECOND MEAL PERIOD ELECTION

I understand that when I work more than ten (10) hours in a workday, I am generally entitled to a second unpaid meal period of at least 30 minutes. If my total workday will be completed in no more than twelve (12) hours, the second meal period may be waived by mutual consent only if I did not waive the first meal period.

☐ **I AGREE TO WAIVE** my second meal period on a workday when I work more than ten (10) hours but no more than twelve (12) hours, provided I did not waive the first meal period.

☐ **I DO NOT AGREE TO WAIVE** my second meal period. I understand the Company will provide the required second meal period when applicable.

Important: The second meal period cannot be waived when the employee works more than twelve (12) hours or when the first meal period was waived.

VOLUNTARY ACKNOWLEDGMENT

I have read and understand this agreement. Any waiver I select above is voluntary and applies only when the legal conditions for that waiver are met. This agreement does not waive required rest periods and does not authorize an on-duty meal period. I may revoke a meal-period waiver election by providing written notice to my supervisor, and I may later sign a new election form.

Employee Name: _____

Employee Signature: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

[THIS AGREEMENT IS TO BE RETAINED IN THE EMPLOYEE'S PERSONNEL FILE]