

# Meal Break Waiver – On Duty

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number

I am scheduled to work:

Date(s) \_\_\_\_\_

From the hours of \_\_\_\_\_ a.m./p.m. (circle one) to \_\_\_\_\_ a.m./p.m. (circle one).

My job duties on this date \_\_\_\_\_ are as follows:

\_\_\_\_\_  
\_\_\_\_\_

The nature of these job duties prevents me from being relieved of all duty because of the following objective criteria, which both \_\_\_\_\_ (Employee) and \_\_\_\_\_ (Employer) agree upon:

\_\_\_\_\_  
\_\_\_\_\_

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work, based on objective criteria listed above, prevents me from being relieved of all duty.
2. An on-duty meal period is not valid merely because it is desired or helpful.
3. Even if all of the circumstances exist to allow an on-duty meal period, I must still be provided with the opportunity to eat my meal while performing the duties required.
4. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
5. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below unless I work under Wage Order 14.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Submitted

REVOCATION: I hereby revoke this waiver.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*For Employer Use Only:*

## Check One:

- ☐ Your meal break waiver request has been approved and submitted.
- ☐ Your meal break waiver request has been denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company