



## WAIVER OF MEAL PERIOD

Employee Name: \_\_\_\_\_  
(Please Print)

I am typically scheduled to work a shift of:

- No more than six (6) hours       No more than twelve (12) hours

First Meal Period:

- Churchill Management Group will not employ any person for a work period of more than five (5) hours without providing a meal period of at least 30 minutes.
- The meal period may be waived ONLY when a work period does not exceed six (6) hours for the total day's work.

Second Meal Period:

- Churchill Management Group shall not employ any person for a work day of more than ten (10) hours without providing a second meal period of at least 30 minutes.
- The second meal period may be waived ONLY when the work period will not exceed twelve (12) hours for the total days work AND the first meal period was not waived.

I wish to waive my right to my  First, **OR** my  Second meal period. **(I understand that I cannot waive my 2<sup>nd</sup> meal period if I didn't take my 1<sup>st</sup> meal period.)**

*I understand that I may choose to take a Meal Break on any given workday without impact to this Waiver. It will remain in effect for my future use, unless and until it is revoked by me or by my employer. This Meal Period Waiver Agreement is freely and voluntarily entered into and may be revoked at any time (verbal or written) by either the employee or Churchill Management Group.*

This Agreement covers the following period of time:

- Only the day this agreement was signed  
 For one year  
 For the following period: from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed 1 year)

This Agreement will be retained in the Employee's personnel file.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REVOCATION OF WAIVER

Employee has provided notice to Employer that effective \_\_\_\_\_, the Agreement to Waive Employee's Meal Period has been revoked.

Employer has provided notice to Employee that effective \_\_\_\_\_, the Agreement to Waive Employee's Meal Period has been revoked.

Name of Revoking Party (printed): \_\_\_\_\_

Signature of Revoking Party: \_\_\_\_\_ Date: \_\_\_\_\_