

DIOCESE OF SACRAMENTO - MEAL BREAK WAIVER FORM

Employee Name: _____ Location: _____
(print name)

Waiver Effective Date: _____ I understand that under California Labor 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 to be relieved of all duties.

I hereby agree to waive my 30-minute unpaid meal break whenever 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.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

Finally, I understand that I or my employer may revoke this waiver at any time by providing advance written notice of at least one day, but that this waiver will otherwise remain in effect until any such revocation.

Employee Authorization:

Employee Signature: _____ Date: _____

Supervisor Authorization:

Supervisor Signature: _____ Date: _____

Please return the completed Meal Break Waiver Form to the Lay Personnel Department to be placed in the personnel file. Be sure to provide a copy to the Payroll Department and keep a copy for your records.

ORIGINAL TO: EMPLOYEE PERSONNEL FILE
COPY TO: PAYROLL