

**MEAL BREAK WAIVER REQUEST  
EMPLOYEE SHIFT 6 HOURS OR LESS**

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  Yes  No  
Name

Signature of Approver: \_\_\_\_\_

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- I am regularly scheduled to work a shift of 6 hours or less, from \_\_\_\_\_ a.m./p.m. (circle one) to \_\_\_\_\_ a.m./p.m. (circle one).

**OR:**

- I am scheduled to work a shift of 6 hours or less on \_\_\_\_\_ [insert date] from \_\_\_\_\_ a.m./p.m. (circle one) to \_\_\_\_\_ a.m./p.m. (circle one).

My scheduled shift ordinarily includes a 30-minute unpaid meal break.

I voluntarily request that I be permitted to work through (waive) my 30-minute unpaid meal break, because my work and/or scheduled shift will be completed in 6 hours or less. Accordingly, I will be ending my shift(s) at \_\_\_\_\_ a.m./p.m. (circle one), which is 30 minutes earlier than ordinarily scheduled.

This meal break waiver will only be in effect when it is approved and signed by my supervisor or the person in charge of the location.

I understand that I may revoke this request to waive my meal break in writing at any time, as provided below.

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**Revocation of Waiver Request**

I, \_\_\_\_\_ (Employee Name) wish to revoke my request for a meal break waiver effective on \_\_\_\_\_ (Date).

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

