



MEAL BREAK WAIVER REQUEST
EMPLOYEE SHIFT 6 HOURS OR LESS

Employee Name: _____ Signature: _____

Location: _____

Date: _____

Approved by: _____ Yes No
Name

Signature of Approver: _____

I am scheduled to work a shift of 6 hours or less on _____
Date
from _____ a.m./p.m. (circle one) to _____ a.m./p.m. (circle one). This 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 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: _____