

## Meal Break Waiver

\_\_\_\_\_  
Employee's Legal name

\_\_\_\_\_  
Employee Number (Time Clock), if applicable

I am scheduled to work a shift of 6 hours or less on:

Date(s): \_\_\_\_\_ During Pay Period: \_\_\_\_\_

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

I understand that:

1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below;
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

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

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

REVOCACTION: 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

\_\_\_\_\_  
Department

\*FORM(S) MUST BE SUBMITTED TO UEC PAYROLL DEPARTMENT ON THE DUE DATE WITH THE EMPLOYEE'S TIMESHEET TO PREVENT AN AUTOMATIC PREMIUM WAGE PAYMENT TO EMPLOYEE.

