

MEAL BREAK WAIVER AGREEMENT

Employee Name (Please print) _____

Department: _____

I agree to waive meal periods as follows:

First Meal Period

- I understand that I am entitled to an unpaid meal break of not less than 30 minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day's work will be completed within a work period of not more than six (6) hours.
- Accordingly, I agree to waive the meal period whenever my total day's work will be completed within a work period of not more than six (6) hours.

Second Meal Period

- I understand that I am entitled to a second unpaid meal break of not less than 30 minutes if I work more than ten (10) hours during a work day. However, I understand that I can waive the second meal period when my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.
- Accordingly, I agree to waive the second meal period whenever my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or the university at any time.

Employee's Signature: _____ Date: _____

Supervisor Name (Please print): _____

Supervisor's Signature: _____ Date: _____

Please forward form to the Payroll Department in Maher 112, fax (619) 260-2988 or email to payroll@sandiego.edu.