

**MEAL PERIOD WAIVER – 6 HOURS**

I understand that I am entitled to an unpaid duty-free meal period of thirty (30) minutes in length whenever I work more than five (5) hours in a work day. I also understand and agree that if my work time on any day is six (6) hours or less, I choose to voluntarily waive the thirty (30)-minute unpaid duty-free meal period.

I acknowledge that my employer has not encouraged me to waive my duty-free meal period. I also acknowledge that I have read this waiver and understand it, and I am voluntarily agreeing to its provisions. I further acknowledge and understand that this meal period waiver may be revoked in writing by me at any time, and that on any day I wish to take a duty-free meal period, I may do so by informing my supervisor in writing in advance of the meal period.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Name [printed]**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Manager Name [printed]**

\_\_\_\_\_  
**Signature**