

## California Meal Break Waiver Request

Non-exempt California associates can request to voluntarily waive the meal breaks provided to them in the following limited circumstances only and only if approved by the Company:

- Associates who work a shift of more than 5 consecutive hours but not more than 6 hours in a workday can request to voluntarily waive the off-duty, unpaid 30-minute meal break they are provided under Company policy.
- Associates who work a shift of more than 10 hours but not more than 12 hours in a work day can request to voluntarily waive the second off-duty, unpaid 30-minute meal break they are provided under Company policy, provided they actually took their first off-duty, unpaid 30-minute meal break.

**Please indicate below the circumstances, if any, under which you are requesting to waive voluntarily the unpaid 30-minute meal break provided to you when you work more than 5 but not more than 6 hours: (check only one)**

- Any time I work more than 5 but not more than 6 hours  
 Only on the following days (e.g., Saturdays) or specific date(s): \_\_\_\_\_

**Please indicate below the circumstances, if any, under which you are requesting to waive voluntarily the second unpaid 30-minute meal break provided to you when you work more than 10 but not more than 12 hours, provided you have actually taken your first off-duty, unpaid 30-minute meal break: (check only one)**

- Any time I work more than 10 but not more than 12 hours  
 Only on the following days (e.g., Saturdays) or specific date(s): \_\_\_\_\_

**Approval Process.** The Human Resources department will review your request and provide a copy of this form to you indicating whether it has been approved. If approved, your voluntary waiver will remain in effect indefinitely unless you revoke it. If your request is not approved, you must take your meal and rest breaks consistent with Company policy.

**Revoking Your Waiver (if approved).** You can revoke your voluntary waiver at any time by notifying the Human Resources department in writing or completing the revocation portion of this form below.

**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. I may waive my second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 12 hours or less in one workday.
3. I must begin my first meal period no later than 4 hours and 59 minutes into my shift if I am working over 6 hours.
4. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.



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

11/10/2019cycle  
\_\_\_\_\_  
**Date**

Jorge samano  
\_\_\_\_\_  
**Associate Printed Name**

<b>APPROVED</b>	<b>DENIED</b>	
_____ <i>HR Initials</i>	_____ <i>HR Initials</i>	_____ <i>Date</i>
_____ <i>HR Signature</i>	_____ <i>HR Printed Name and Title</i>	

**THIS WAIVER IS REVOKED EFFECTIVE:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**Associate Printed Name**