<Place Your Company Name/Logo Here>

**WAIVER OF REQUIRED SECOND OFF-DUTY MEAL PERIOD FOR WORKDAY OF MORE THAN 10 HOURS BUT NOT MORE THAN 12 HOURS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to waive my required second 30-minute unpaid off

 *(name of employee)*

duty meal period on workdays where my hours of work for the workday are more than ten hours but not more than a total of twelve hours.

I may **not** waive my second required 30-minute unpaid off duty meal break if I waived my first meal period, which must have begun no later than 4 hours and 59 minutes into my shift.

I understand this waiver can be revoked in writing unilaterally by either the company or me at any time.

This consent to waive my required second off-duty meal period is freely and voluntarily agreed to by me as of (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_,

at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Employee Signature)*

**For Employer Use Only**

This waiver of the required second duty free meal period is approved and agreed to by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Name of the Company)*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Company Representative)*

PIC-August 2013