



DSQUARED HOSPITALITY COMPANY  
4101 S AIRPORT WAY • SEATTLE, WA 98108  
(206) 932-1059 • info@dsquaredcompany.com

### REQUEST AND AGREEMENT TO WAIVE MEAL PERIODS

I request to waive meal periods to which I am entitled under law.

I make this request voluntarily and have not been required or coerced by any person to waive the meal periods to which I am entitled.

I understand that by waiving my meal period I will not be relieved of all duty, however, **I also understand that I am provided a reasonable opportunity to consume food during any work shift of six hours or longer while continuing to work and that I must be paid for this time.**

I understand that I may not be required to work longer than eight hours without receiving a 30-minute unpaid meal period in which I am completely relieved of all duty.

I understand that I may not waive the ten-minute rest periods to which I am entitled by law.

**Choose one** of the following -

\_\_\_\_\_ Initials - I agree to waive unpaid meal periods to which I am entitled under law, but will still receive a paid meal period.

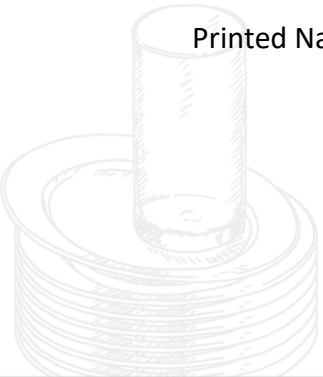
\_\_\_\_\_ Initials I would like to opt out of this and take my 30-minute unpaid meal break required by law.

Pursuant to state law you are entitled to receive an unpaid meal period of not less than 30 minutes during which you are relieved of all duties for each shift of 5-8 hours.

In addition, you are entitled to receive a paid rest period of not less than ten minutes for every segment of four hours.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Employee \_\_\_\_\_



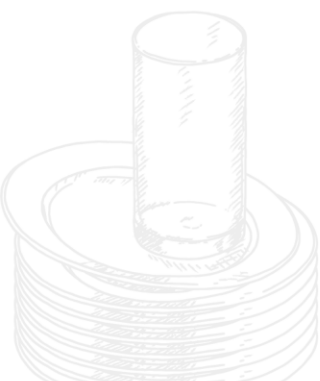
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