



Meal Break Waiver - Employee Shift 6 Hours or Less

Employee Name: ____Joanne Pabelonio____

Waiver Effective Date: ____8/18/19____

I understand that under California Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes during which I am relieved of all duties.

I give my consent that 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.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

Employee Authorization

Employee Signature: _____Joanne Pabelonio_
Electronically Signed 8/18/19

Date: ____8/18/19____

Supervisor Authorization

Supervisor Signature: _____

Date: _____

