Reset Form

FRESNO STATE

Auxiliary Services

Agreement for Waiver of Meal Period

Employee Name: _____

Employee and Employer agree to the following regarding the Employee's meal period:

Initial appropriate paragraph(s):

_____ Employee's Initials
_____ Employer's Initials

The nature of the Employee's work prevents the Employee from being relieved of all duty during the Employee's meal period and that the Employee shall work an on-the-job meal period that shall be paid for by the Company.

And/or

_____ Employee's Initials
_____ Employer's Initials

The Employee's work shift for the day's work does not exceed six (6) hours. The employee waives any meal period on the work shift.

And/or

_____ Employee's Initials
_____ Employer's Initials

The Employee's work shift for the day is 10 hours or more (but does not exceed 12 hours). The employee waives the second meal break.

This agreement is freely and voluntarily entered into.

This agreement is valid during the following dates: from _____ to _____

Employee Signature _____ Date: _____
Company/Unit _____

Employer Signature _____ Date: _____
Employer Name (Print) _____