

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

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.

Employer's Initials

And/or

Employee'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.

Employer's Initials

And/or

Employee'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.

Employer's Initials

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) _____