

# FRESNO STATE

## Auxiliary Services

### Agreement for Waiver of Meal Period- Fresno State Foundation

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 waived any meal period on the work shift.

\_\_\_\_\_  
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) \_\_\_\_\_