

**Meal Break Waiver Form**

Employee Name: Click to enter text. Location: Click to enter text.

Waiver Effective Date: Click to enter date. End Date: Click to enter date.

I understand that under Washington Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes where I am relieved of all duties. I agree to give my consent to waive my 30-minute unpaid meal break only for the period of time noted above and that I will receive overtime pay @1.5 x my regular rate for this 30 minute period.

I hereby waive my meal break for the following circumstances:

Click to enter text.

*Print, sign and return to Human Resources. A copy will be filed in your personnel folder.*

**Employee Authorization**

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Employee Signature Date

**Supervisor Authorization**

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Supervisor Signature Date