

Meal Break – On Duty

Employee Name

Employee Number

I am scheduled to work:

Date(s) _____

From the hours of _____ a.m./p.m. (circle one) to _____ a.m./p.m. (circle one).

My job duties on this date _____ are as follows:

The nature of these job duties prevents me from being relieved of all duty because of the following objective criteria, which both _____ (Employee) and _____ (Employer) agree upon:

I understand that:

1. Based on objective criteria listed above, I am prevented from being relieved of all duty.
2. An on-duty meal period is not valid merely because it is desired or helpful.
3. Even if all of the circumstances exist to allow an on-duty meal period, I must still be provided with the opportunity to eat my meal while performing the duties required.
4. In order for an on-duty meal break to be valid, an authorized company official must also authorize it in writing by signing below.
5. I may revoke this agreement, in writing, at any time by signing this form as indicated below unless I work under Wage Order 14.

Employee Signature

Date Submitted

REVOCACTION: I hereby revoke my on-duty meal break request.

Employee Signature

Date

For Employer Use Only:

Check One:

Your on-duty meal break request has been approved and submitted.

Your on-duty meal break request has been denied.

Signature

Date

Please Print Name

Title

Company