



The Foundation for California State University, San Bernardino

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397

Meal Break Waiver

Employee's Legal name

Employee Number (Time Clock), if applicable

I am scheduled to work a shift of 6 hours or less on:

Date(s): During Pay Period:

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

I understand that:

- 1. I may waive my 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one workday.
2. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below;
3. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

Employee Signature

Date Submitted

REVOCAATION: I hereby revoke this waiver.

Employee Signature

Date

For Employer Use Only:

Check One:

- Your meal break waiver request has been approved and submitted.
Your meal break waiver request has been denied.

Signature

Date

Please Print Name

Title

Department

*FORM(S) MUST BE SUBMITTED TO THE FOUNDATION PAYROLL DEPARTMENT ON THE DUE DATE WITH THE EMPLOYEE'S TIMESHEET TO PREVENT AN AUTOMATIC PREMIUM WAGE PAYMENT TO EMPLOYEE.