



The University Corporation  
Research, Investments and Commercial Services  
California State University, Northridge

## **Meal Break Waiver Agreement**

Employee Name (Please Print): \_\_\_\_\_

Department: \_\_\_\_\_ Waiver Effective Date: \_\_\_\_\_

I understand under California Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes.

I give my consent to 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. I understand that if my shift exceeds 6 hours, I am required to take an unpaid meal break of at least 30 minutes.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or The University Corporation at any time.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Please print) : \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I revoke this agreement- Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original Document will be kept in The University Corporation employee payroll file*