

# WAIVER OF SECOND MEAL PERIOD

This will certify that on those occasions that I work more than 10 but not more than 12 hours, I wish to waive the second meal period I would otherwise be entitled to receive.

I hereby voluntarily waive my second meal period on each such day. I understand that, as a result of this waiver, I will receive only one meal period each day on which I work 10 to 12 hours. I further understand that I will be paid for all working time, but must take and will not be paid for one duty-free meal period of at least one half hour on such days.

I understand that I or the company may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the company exercises, the option to revoke it.

I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

## Signatures

_____	_____	_____
Last Name / First Name	Employee ID #	Employee Signature
_____	_____	_____
Dept #	Property Name	Date
_____	_____	_____
Manager's Signature		Date