

EMPLOYEE WAIVER ACKNOWLEDGMENT FORM

Meal and Rest Breaks

Employee Name: _____

Date: _____

Acknowledgment of Meal and Rest Period Rights

Under California law, employees are entitled to specific meal and rest periods based on the number of hours worked during a workday. This document serves to inform and confirm that you, the employee, understand your legal rights regarding breaks.

Meal Periods (Unpaid):

- You are entitled to a **30-minute unpaid meal break** if you work more than **five (5) hours in a day**.
- You may voluntarily waive your first meal period if your workday does not exceed six (6) hours, and both you and your employer mutually agree to the waiver in writing.

Rest Periods (Paid):

- You are entitled to a **paid 10-minute rest period** for every **four (4) hours** worked or major fraction thereof.
 - One rest break for shifts over 3.5 hours and up to 6 hours.
 - Two rest breaks for shifts over 6 hours and up to 10 hours.
 - Three rest breaks for shifts over 10 hours and up to 14 hours.
- Rest breaks should be taken in the middle of each work period whenever possible and appropriate.
- Rest breaks are paid time, and you are not required to clock out.

Employee Acknowledgment

By signing below, I acknowledge that I have been informed of my right to rest and meal periods under California Labor Law. I understand that:

- I am entitled to a **10-minute paid rest period** for every four (4) hours worked or major fraction thereof.
- I am entitled to a **30-minute unpaid meal period** if I work more than five (5) hours in a workday.
- I acknowledge that my rest periods can be delayed if I attempt to take one during an inappropriate time, but I will never be denied my right to my required rest periods.
- If I believe I am being denied rest or meal periods, I agree to promptly report the issue to my General Manager.

This form does not serve as a waiver of my rights but as an acknowledgment of my understanding of those rights.

Employee Signature: _____

Date: _____

Employer Representative Name & Title: _____

Signature: _____

Date: _____