



Claremont Graduate University

Meal Break Waiver Form

Employee Name: _____
(print name)

Waiver Effective Date: _____

I understand that 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 during which I am relieved of all duties.

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

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

Employee Authorization

Employee Signature: _____

Date: _____

Supervisor Authorization

Supervisor Signature: _____

Date: _____

*Please return the completed Meal Break Waiver Form to the Payroll Office
virginia.ramirez@cgu.edu. Be sure to keep a copy for your department on file.*