



In light of the changes in Washington State law that go into effect on January 1, 2026, Cascade Medical (Employer) and the Washington State Nurses Association (WSNA) hereby agree as follows:

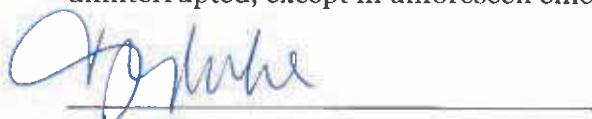
1. Any nurse working a shift of fewer than eight (8) hours (such as a nurse working a callback shift under eight (8) hours) shall have the option to waive the unpaid meal period to which the nurse is entitled under state law by executing a waiver in the form attached below.
2. Any nurse who is assigned to work a shift of ten (10) or more hours in duration shall have the option to waive voluntarily in writing any second (and/or if applicable, third) unpaid meal period to which the nurse may be entitled under state law, so long as at least one meal period is provided and taken during the shift, by executing a waiver in the form attached below.

The Employer and WSNA recognize that any nurse who has signed any waiver in accordance with this memorandum of agreement shall have the right to revoke such waiver at any time.

The Employer and WSNA agree no nurse shall be subjected to intimidation, coercion or restraint with respect to the nurse's decision to sign any waiver or to revoke such waiver. Any waiver obtained by means of intimidation, coercion or restraint shall be null and void.

The Employer and WSNA recognize that fifteen-minute paid rest breaks provided under the collective bargaining agreement may not be waived.

The Employer and WSNA further recognize that meal periods and rest breaks must be uninterrupted, except in unforeseen emergencies or urgent patient-care situations.



Employer

*Laurie Robinson RN* 2/5/26

Washington State Nurses Association



## WAIVER

Pursuant to Washington State law and an agreement between your Employer and the Washington State Nurses Association, you may utilize this document to **voluntarily** waive certain meal and/or rest period requirements, to allow greater flexibility in scheduling your meal and rest breaks. No nurse shall be subjected to intimidation, coercion or restrain with respect to the nurse's decision to sign any waiver or to revoke such waiver. You have the right to revoke your waiver at any time.

### **Waiver Options**

**I do not waive any of my meal rights.** I want to receive all meal periods to which I am entitled under WAC 296-126-092 and the collective bargaining agreement, and I want to take those meal periods in the time frames established by law.

**Meal Period Waiver for Shifts Less Than 8 Hours**

I voluntarily agree to waive the meal period for shifts less than eight (8) hours.

**Additional Meal Period Waiver for Shifts of 10 Hours or Longer**

I voluntarily agree to waive additional meal periods for shifts of ten (10) hours or longer. I understand that I must still receive at least one meal period during the shift.

I understand that this waiver is voluntary and not a condition of employment. I understand that I may revoke this waiver at any time.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_