

Meal Period and Rest Break Acknowledgement

Employee Name: _____

Meal Periods

I understand that I am entitled to an uninterrupted, thirty-minute meal period for shifts in which I am scheduled to work more than five (5) hours. I also understand that I must be at least two (2) hours into my shift before my meal period can start and that my meal period cannot start more than five (5) hours after the beginning of my shift. In addition, I understand that a second, unpaid thirty- minute meal period must be provided within five (5) hours from the end of the first meal period and for each five (5) hours worked thereafter and/or if I work three (3) or more hours longer than my regularly-scheduled shift.

I also understand that under CH policy, I am not paid for these meal periods. I also understand that if my meal period is interrupted due to my performing a task, upon completion of the task, my meal period will be continued until I have received thirty (30) minutes total of mealtime (with the entire meal period being paid, and the time I spend performing the task not being considered part of the meal period). I understand that I must accurately attest at the end of each shift whether I received my meal break or not.

I understand that I can voluntarily waive my meal periods, and that if I wish to do so on a standing basis, I can check the box below my signature at the bottom of this form (with the understanding that I can revoke this waiver at any time). I also understand that if I do not waive my meal period, it is a mandatory job duty to advise my Manager or the HR Department if I feel I do not have adequate opportunity for my meal periods or if I am pressured to waive or skip them.

Rest Breaks

I understand that I am entitled to and must take a paid rest break of fifteen (15) minutes for every four (4) hours of work.

I understand rest breaks are paid, and therefore do not need to be noted on my time records. I understand I may not waive these rest breaks, I also understand that it is a mandatory job duty to advise my Manager or the HR Department if I feel I do not have adequate opportunity for my rest breaks or if I am pressured to skip them. I also understand that I must accurately attest at the end of each shift whether I received my rest breaks or not.

I have read and understand this acknowledgment.

Employee Signature

Date

OPTIONAL: I wish to voluntarily waive my 2nd and 3rd meal periods: (check box if "yes") ☐