Memorandum of Understanding

Meal and Rest Period Waivers

Between

VMFH Rehabilitation Hospital

And

WSNA

2026

In light of some bargaining unit members' desire to have the ability to voluntarily waive existing legal requirements pertaining to meal periods, the parties agree to the following conditions for any such waiver:

1. If an employee wishes to voluntarily waive their rights regarding meal periods, they may only do so by utilizing the form agreed upon by the employer and the union.

2. For any work period for which an employee is entitled to one or more meal periods and more than one rest period, the employee and the employer may agree that one 30 minute meal period may be combined with one 15 minute rest period for a total of 45 minutes. This agreement may be revoked at any time by the employee. If the employee is required to remain on duty during the combined meal and rest period, the time shall be paid. If the employee is released from duty for an uninterrupted combined meal and rest period, the time corresponding to the meal period shall be unpaid, but the time corresponding to the rest period shall be paid.

WSNA /Date

Virgina Mason Franciscan Health Rehab/Date

APPENDIX A- MEAL AND REST BREAK WAIVER FORM

VOLUNTARY MEAL PERIOD WAIVER

I understand that under Washington law, WAC 296-126-092, and the collective bargaining agreement (CBA) between VMFH Rehabilitation Hospital (the "Hospital") and Washington State Nurses Association:

- If I work a shift of more than 5 hours, I am entitled to receive an unpaid and uninterrupted **meal period** of not less than 30 minutes during which I am relieved of all duties, which starts no less than 2 hours and no later than 5 hours after the start of my shift.

- I also understand that I cannot be required to work more than five consecutive hours without a meal period and that I am entitled to an additional meal period if:
  (a) I work more than 5 hours after the end of my first meal period (or if I waived my first meal period, if I work a shift of more than 10 hours) and for each 5 hours I work thereafter; or (b) if I work 3 or more hours longer than my normal work day (meal period prior to or during the overtime portion of the shift).

- I further understand that although the Hospital encourages me to take my meal periods, I have the right under Washington law, RCW 49.12.480, and the CBA to voluntarily waive taking my meal periods pursuant to this Waiver.

- I understand I may voluntarily agree to **waive** the meal period for shifts less than eight hours, and for shifts of eight hours or longer, I may voluntarily agree to waive the second and/or third meal period, provided I still receive at least one meal period during the shift.

- I may also agree to adjust the timing of my meal periods, provided that at least one meal period begins no earlier than the third hour worked and no later than the second-to-last hour of the shift.

- I understand the waiver may be revoked at any time, for any reason, using this form.

Please check the box(es) below that apply (note: do not complete this form if you want to maintain all your meal periods):

☐ **(For Shifts Under 8 Hours)** I voluntarily choose to waive my 30-minute unpaid meal period on _____[DATE].

☐ **(For Shifts Under 8 Hours)** I voluntarily choose to waive all my meal periods until further notice. (This would be a leadership dialogue due to well-being concern)

☐ **(For Shifts 8 Hours or Longer)** I voluntarily choose to waive (second/ third) (CIRCLE ALL THAT APPLY) 30-minute unpaid meal period on._____ __ [DATE]. I understand that I must take at least one 30-minute unpaid meal period for each shift that is 8 hours or longer.

☐ **(For Shifts 8 Hours or Longer)** I voluntarily choose to waive (second / third) (CIRCLE ALL THAT APPLY) 30-minute unpaid meal period(s) until further notice. I understand that I must take at least one 30-minute unpaid meal period for each shift that is 8 hours or longer.

☐ I voluntarily choose to waive the timing of my meal periods until further notice so that I may take my meal periods outside the timeframes stated above. I understand that at least one meal period must begin no earlier than the third hour worked and no later than the second-to-last hour of the shift. ~~Nurses scheduled for ten (10) and twelve (12) hour shifts shall start their meal period no earlier than three (3) hours after their shift begins and no later than seven (7) hours from the start of their shift.~~

I acknowledge that I have read this Voluntary Meal Period Waiver and understand it. I am signing this freely and voluntarily. I understand that this waiver can be revoked in writing by either me or my employer at any time and for any reason. I agree to follow the Company's policy regarding meal periods and rest periods. I acknowledge that I have received a copy of the CBA, and reviewed Article 10, Rest and Meal Periods, before signing this waiver. I certify that I am over the age of eighteen and legally competent to request a waiver of my meal periods.

Employee Name:	Employee Signature:	Date:
Manager /Director Name:	Manager Director Signature:	Date:

I hereby revoke my Meal Period Waiver as of _____[DATE].