

WASHINGTON VOLUNTARY MEAL PERIOD WAIVER

I understand that under Washington law, 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 I work 3 or more hours longer than my normal workday. I further understand that I have the right 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.

(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.

(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.

I acknowledge that I have read this Washington 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 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].

I do not wish to waive any meal periods at this time.