

PeaceHealth/WSNA Meal and Rest Period Waiver Agreement

(Pursuant to SHB 1879 and WAC 296-126-092)

Employee Name: _____

Job Title/Department: _____

Supervisor: _____

Date of Agreement: _____

1. Purpose

This agreement documents a *mutual and voluntary waiver* of certain meal and/or rest period requirements under Washington law (WAC 296-126-092 and SHB 1879, effective January 1, 2026) for hospital employees.

The purpose is to allow flexibility in scheduling meal and rest breaks while ensuring compliance with employee health, safety, and patient care requirements.

2. Summary of Rights

Under Washington law and the WSNA Collective Bargaining Agreement (CBA):

- You are entitled to an uninterrupted meal period of at least 30 minutes for every 5 hours worked and an uninterrupted paid rest period of at least 15 minutes for every 4 hours worked.
- You may voluntarily agree to waive the second and/or third meal period for shifts of 10 hours or longer, provided that you still receive at least one meal period during the shift.
- Meal and rest periods shall generally be provided in accordance with the timing requirements set forth in WAC 296-126-092 and as mutually agreed upon by the employer and the union.
 - 30-minute meal period between the second and fifth hour of work for an employee working more than five hours;
 - a second 30-minute meal period within five hours of the end of the first meal period, and for each five hours worked thereafter;
 - a meal period before or during the overtime portion of a shift for an employee working at least three hours longer than a normal workday; and
- Nurse may choose to waive additional meal periods and/or timing in accordance with the following:
 - You may voluntarily agree to waive or modify the timing of some breaks 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.
 - 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.
- The waiver must be agreed to by both the employer and the employee *in advance of the first shift* in which it is relied upon.
- You may revoke this waiver at any time, for any reason.

- Employees entitled to more than one rest break during their shift may agree to combine meal and rest breaks. Requires mutual written agreement with the employer.
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3. Waiver Options

☐ **I DO NOT** waive any of my meal rights. I want to receive all the thirty (30) minute meal periods I am entitled to under WAC 296-126-092 and I want to take them in the timelines required by law.

- This means that I will receive at least two 30-minute meal periods during any shift that lasts 10 or more consecutive hours.
 - I will receive a 30-minute meal period between the second and fifth hour of work.
 - A second 30-minute meal period within five hours of the end of the first meal period, and for each five hours worked thereafter

☐ Meal Period Waiver for Shifts Under 8 Hours

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

☐ Additional Meal Period Waiver for Shifts ten (10) Hours or Longer

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

☐ Adjustment to Timing of Meal/Rest Periods

I voluntarily agree that the timing of my meal and rest periods may vary from the standard schedule, 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.

- Note: 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.
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4. Acknowledgments

By signing below, I acknowledge that:

- This waiver is voluntary and not a condition of employment.
 - I have received a summary of my rights under state law and my CBA.
 - I understand that I may revoke this waiver at any time.
 - I understand that if I revoke this waiver, reinstatement will require management approval.
 - I understand that “uninterrupted” means I will not be required to perform duties during my break, except in the case of an unforeseeable emergent or clinical circumstance as defined by law.
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5. Signatures

Employee Signature: _____ **Date:** _____

Supervisor/Manager Signature: _____ **Date:** _____

HR Representative (if required): _____ **Date:** _____

Storage:

This form will be retained in the hospital's secure electronic information management system and made available to the employee or the Washington State Department of Labor & Industries (L&I) upon request.