

Voluntary Second Meal Period Waiver Request

This is a form to request the voluntary waiver of certain meal period regulations available to certain PeaceHealth direct care and clinical caregivers under [WAC 296-126-092](#) and [RCW 49.12.480](#) (as amended by 2025 HB 1879).

I, _____, request to waive my right to the following meal period obligations from [START DATE]

Waiver of additional meal period(s) (for shifts lasting 8-hours or longer): I am waiving the right to receive more than one meal period in a shift that is longer than 10-hours. This means that I will still receive a 30-minute unpaid meal period during a 10-plus hour shift. Thus, for example, in a twelve-hour shift I would be at work for twelve- and one-half hours and receive twelve hours' pay.

I understand that this waiver is entirely voluntary and I may revoke it at any time. If I do revoke it, PeaceHealth must reinstate my meal period rights. I also understand that PeaceHealth does not have to agree to allow me to voluntarily waive any of these rights.

By signing this form, I am voluntarily requesting to waive the above indicated rights regarding my meal periods. I was not compelled, coerced or induced by anyone acting on behalf of PeaceHealth to waive these rights.

Signature

Date
