

## 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).*

Per RCW 49.12.480, 1(B), I understand that an employer shall provide employees with meal and rest periods as required by law, recognizing I may agree to waive the second and/or third meal period in a work shift of eight hours or longer, so long as at least one meal period is provided and taken during the shift. I also understand I may have other rights under the applicable provisions of a collective bargaining agreement if one exists.

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

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