

**Memorandum of Understanding**  
**Meal Period and Rest Break Waivers**

In light of the changes in Washington State law that go into effect on January 1, 2026, St. Clare Hospital (SCH) (Employer) and the Washington State Nurses Association (WSNA) hereby agree as follows:

1. In order to comply with Washington State meal and rest break requirements set forth in RCW 49.12 and WAC 296-126, a *covered healthcare employee* under RCW 49.28.130 shall have the option to waive voluntarily in writing any second (and/or if applicable, third) unpaid meal period to which the nurse may be entitled under state law, so long as at least one meal period is provided and taken during the shift, by executing the agreed upon waiver form.
2. Any practice related to combining unpaid meal periods with paid rest breaks, that is legally permissible, may continue where agreed to between employee and Employer until such time as the Employer notifies the Union of its intent to change that practice and engages in bargaining with the Union to the extent required by law. The Employer and WSNA recognize rest breaks are paid time, and meal periods are unpaid time provided that the nurse is completely relieved of all work duties.
3. Any *covered healthcare employee* may have the option to waive otherwise applicable timing requirements for meal periods and rest breaks.

The Employer and WSNA recognize that any nurse who has signed any waiver in accordance with this memorandum of agreement shall have the right to revoke such waiver at any time.

The Employer and WSNA agree no nurse shall be subjected to intimidation, coercion or restraint with respect to the nurse's decision to sign any waiver or to revoke such waiver. Any waiver obtained by means of intimidation, coercion or restraint shall be null and void.

The Employer and WSNA recognize that fifteen-minute paid rest breaks provided under the collective bargaining agreement may not be waived.

Until the Waiver and Revocation request and approval process is made available to employees electronically, the Employer and WSNA recognize the agreed upon Waiver and Revocation Forms shall be readily available on each unit and may be-submitted to the charge nurse or supervisor.

The Employer and WSNA further recognize that meal periods and rest breaks must be uninterrupted, except as permitted by law.

The Employer and WSNA recognize that under the WSNA CBA, nurses are entitled to full, 15-minute uninterrupted rest periods except in unforeseen emergencies or urgent patient care situations.

Employees who decline or revoke a meal-period waiver will receive all legally required 30-minute unpaid meal periods within their scheduled workday.

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Employer

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Washington State Nurses Association

**Voluntary Meal Period and Rest Break Waiver Request and Agreement**

**Healthcare Worker Only<sup>1</sup>**

I understand that, except in certain circumstances under Washington law, I am entitled to one thirty (30) minute unpaid meal period if I work five (5) or more hours, to be taken between the second and fifth hour of work, and an additional meal period every five (5) hours worked thereafter, to begin within 5 hours of the end of the immediately prior meal period. Additionally, I understand that, except in certain circumstances under Washington law, I am entitled to at least a 10-minute paid rest break for each four (4) hours of working time. Employees may be entitled to 15-minute, uninterrupted rest breaks under hospital policy or applicable Collective Bargaining Agreement. I further understand that I may have other rights under the provisions of a collective bargaining agreement if one exists and is applicable to me.

Notwithstanding the above, I voluntarily request that CommonSpirit Health, CommonSpirit Washington, and/or CommonSpirit Washington Community Care (collectively “CommonSpirit”) allow me, at my request, to waive certain meal period(s) and/or the timing of certain meal period(s) and/or rest break(s).

**Meal Periods**

**I understand that I can agree to waive all, some, or none of the meal periods identified below.** I also understand that CommonSpirit may reject my request and require that I take all or some of my meal periods, even if I agree to waive them.

As an employee who works shifts of less than eight (8) hours, I request CommonSpirit allow me to waive:

\_\_\_ The only required meal period (taken between my second and fifth hour of work)

**OR**

As an employee who works shift of eight (8) hours or more, I request CommonSpirit allow me to waive the following meal period(s) and, instead, work during that time:

\_\_\_ Second meal period (taken within five (5) hours of my first meal period)

\_\_\_ Third meal period (taken within five (5) hours of my second meal period)

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<sup>1</sup> Healthcare workers are those that: (1) are employed by a hospital; (2) are involved in direct patient care activities or clinical services; and (3) receive an hourly wage or are covered by a collective bargaining agreement.

### Meal Period Timing

If I waive the timing requirements, the meal period will start no earlier than the third hour worked and no later than the second to last hour worked. **I understand that I may select to request and agree to waive the timing requirements for all, some, or none of the meal periods identified above.** I also understand that CommonSpirit may reject my request and require that I take all or some of my meal periods at the required time, even if I agree to waive the applicable timing requirements.

Additionally, or alternatively, I request CommonSpirit allow me to waive the required timing requirements for the following meal periods:

- First meal period (taken between second and fifth hour a shift)
- Second meal period (taken within five (5) hours of my first meal period)
- Third meal period (taken within five (5) hours of my second meal period)

### Rest Break Timing

**I understand that I may select to request and agree to waive the timing requirements for all, some, or none of the rest breaks identified above.** I also understand that CommonSpirit may reject my request and require that I take all or some of my rest breaks at the required time, even if I agree to waive the timing requirement.

Additionally, or alternatively, I request CommonSpirit allow me to waive the applicable timing requirements for the following rest breaks:

- First rest break (taken during the first four (4) hours of my shift)
- Second rest break (taken during the second four (4) hours of my shift)
- Third rest break (taken during the third four (4) hours of my shift)

**I further understand that I will be paid for all hours worked.**

This request (and agreement) is for my convenience. No one at CommonSpirit has discouraged me from taking meal periods or rest breaks. **I am signing this voluntarily. I have not been forced or coerced by any individual or representative of CommonSpirit.**

**I understand that I may revoke this request (and agreement) at any time.** A revocation form is available from Human Resources and in each department. If I revoke this request (and agreement), the revocation form must be received and acknowledged (verbally or in writing) by my supervisor or designee, and I intend to take the previously waived meal period(s) or take the meal period(s) or rest break(s) at the required time. I understand that I will not be penalized for revoking a waiver. I also understand that CommonSpirit may revoke its agreement at any time.

Employee Name (Printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Waiver Request Approved and Agreed To:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Meal Period and Rest Break Waiver Revocation**

**Healthcare Worker Only<sup>2</sup>**

I previously requested and received approval from CommonSpirit Health, CommonSpirit Washington, and/or CommonSpirit Washington Community Care (collectively “CommonSpirit”) to waive one or more of my meal period(s), and, instead, work during that time. Additionally, or alternatively, I previously requested and received approval from CommonSpirit to waive the timing requirements of one or more of my meal period(s) or rest break(s).

I have decided to revoke that waiver.

Employee Name (Printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Waiver Revocation Received By:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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