

Clinical Hospital Employee Meal waiver-Waiver election-Election formForm

What the law says

You have the right to take 30-minute, unpaid meal periods as described in [RCW 49.12.480](#) and [WAC 296-126-092](#). ~~This-These~~ state laws ~~has-have~~ strict requirements that govern the timing of meals.

- The first meal must start no less than two hours nor more than five hours from the beginning of the shift.
 - Each later meal must occur within five hours of the previous meal's end.
 - For example, if your shift begins at 7am, then the earliest you can take your first meal is 9am. The latest you can take it is 12pm.
- An employee cannot work more than five consecutive hours without a meal [without waiving the timing requirements](#).
- If you choose to waive the timing requirements for your meal periods, your meal must still start no earlier than the third hour and no later than the second to last hour scheduled.
- Employees shall be allowed a rest period of not less than ten minutes, on the employer's time, for each four hours of working time. MultiCare policy requires not less than 15 minutes for rest periods. For each four hours of working time, an employee must receive a paid rest period of at least 10-minutes.
- Employees covered by a collective bargaining agreement may have additional rights under that agreement, including extended rest period times.

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Depending on when you take your first and second meals, you might be required to take a third unpaid meal so you don't work more than five consecutive hours after your second meal.

Waiving rights to meal periods is entirely your choice. MultiCare is not permitted to compel or coerce employees into signing a waiver. By checking a waiver box, you are voluntarily requesting to waive your right to one meal period and/or the timing requirements for meals.

You understand that you may revoke this waiver at any time.

Your options

You may choose to waive a 30-minute unpaid meal period, and the timing requirements, when your scheduled shift length entitles you to more than one meal. You may also waive only the timing requirements for your meals.

Your meal waiver choice

Select one box below to elect your choice about meal waivers.

- I DO NOT want to waive any of my meal rights.** I want to receive all of the 30-minute meal periods that I am entitled to under [WAC 296-126-092](#). I want to take them on the timelines required by law.
- This means that I will receive at least two unpaid 30-minute meal periods during any shift that lasts 10 or more consecutive hours.
 - I will receive all my 30-minute meals on the timelines listed in [WAC 296-126-092](#).

I want to waive one meal period and meal timing. I waive the right to receive one of my meal periods in a shift that entitles me to more than one meal. I also waive my right to take my meals within the timelines required in WAC 296-126-092, but I understand that my meal must still start no earlier than the third hour and no later than the second to last hour scheduled.

- This means that I will still receive at least one 30-minute meal period during any shift that is five hours or longer.
- For example, in a 12-hour shift, I would be scheduled for 12½ hours — 12 hours of working time and one 30-minute unpaid meal period — and receive 12 hours' pay.

I want to waive the meal timing requirements. I am waiving my right to take my meals within the timelines required in WAC 296-126-092. I will still receive at least one 30-minute meal if I work more than five consecutive hours, but the meal(s) may begin outside of the timelines. I understand that my meal must still start no earlier than the third hour and no later than the second to last hour scheduled.

~~Waiving my rights to meal periods is entirely my choice. By checking a waiver box, I am voluntarily requesting to waive my right to one meal period and/or the timing requirements for meals.~~

I understand that I may revoke this waiver any time by following the process outlined in the Rest and Meal Periods Policy. I was not compelled or coerced by anyone acting on behalf of MultiCare to waive these rights.

Acknowledgement

By making this request, I acknowledge and agree that I am aware of my rights under Washington State meal break laws and that I have voluntarily entered into this agreement. I agree to all the terms of this waiver described above.

Signature

Date