



Employee Opt-Out Meal Break Period

(**ONLY** available for **5.5-hour** and **6-hour** workers)

I, _____, Employee Number _____,

_____ hereby waive my thirty (30) minute meal period.

This will remain in effect until I revoke this request.

A signed copy of the *Employee Opt-Out Meal Break Period* will be distributed as follows:

- ☐ Employee's Personnel File
- ☐ Human Resources Representative
- ☐ Employee

Employee Signature and Date: _____

Food Service Manager and Date: _____