**Meal Break Waiver Agreement**

Employee Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that California law gives me the right to certain unpaid meal breaks, as outlined below. In addition, I understand that California law gives me and my employer the right to mutually agree to waive meal breaks in certain situations, as outlined below. Accordingly, I agree to waive meal periods as follows:

First Meal Period:

* I understand that I am entitled to an unpaid meal break of not less than thirty (30) minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day’s Work will be completed within a work period of not more than six (6) hours.
* Accordingly, I agree to waive the meal period whenever my total day’s Work will be completed within a Work period of not more than six (6) hours.

Second Meal Period:

* I understand that I am entitled to a second unpaid meal break of not less than thirty (30) minutes if I work more than ten (10) hours during a work day. However, I understand that I can waive the second meal period when y total day’s work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.
* Accordingly, I agree to waive the second meal period whenever my total day’s work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.
* I understand that this means that on days when my total day’s work will be completed in more than ten (10) hours but less than twelve (12) hours, I am waiving my second unpaid meal break, but that I must take my first meal break on such days.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or BZ-Resources. At any time.

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

Human Resources Representative Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Representative Signature:

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