



University Police
(657) 278-2515 / Fax (657) 278-2016

Meal Waiver Form

This will certify that I regularly work a shift in excess of ten (10) but not more than twelve (12) hours and wish to waive the second meal period that I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive the second meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work. I also understand that I, may revoke this "Meal Period Waiver" at any time by providing at least three (3) day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Chief of Police exercises the option to revoke it.

I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Signature of Employee

Date

Print or Type Name of Employee

Chief of Police

*This meal period waiver applies if an employee works more than ten hours in a day; but not more than 12 hours.

