



CARE STAFFING
Professionals

CA MEAL WAIVER FOR EMPLOYEES IN THE HEALTHCARE INDUSTRY

MEAL PERIOD WAIVER

Pursuant to California law, I understand that I am entitled to take two meal periods if I work in excess of 10 hours. I also understand that California law entitles me to waive one of those two meal periods. Therefore, in accordance with California law, I voluntarily agree to waive one meal period each day that I work in excess of 10 hours. Based on this waiver, I understand that I will receive only one duty-free meal period for which I will not be compensated. I agree to indicate on my timesheet if I fail to take any other required meal period or rest period. I will be paid for all other working time, including the second meal period that I waived. I acknowledge that this Meal Period Waiver will remain in effect until the earlier of: (x) the last day of a 30-day break following your contract end date or (y) until I revoke it by providing a written notice of such revocation to the Company with at least one day's prior written notice.

I acknowledge that I (i) have read this waiver; (ii) have had an opportunity to ask the Company any questions I may have with respect hereto and (iii) understand the terms of this waiver and agree hereto.

Signature: _____

Date: _____

DECLINATION OF MEAL PERIOD WAIVER

Pursuant to California law, I understand that I am entitled to take two meal periods if I work in excess of 10 hours. I also understand that California law entitles me to waive one of those two meal periods, however, I do not wish to waive any meal periods. Accordingly, I agree to take all meal periods I am legally required to take when working in excess of 10 hours. I agree to indicate on my timesheet if I fail to take any required meal period.

I acknowledge that I (i) have read this agreement, (ii) have had an opportunity to ask the Company many questions I may have with respect hereto and (iii) understand the terms of this waiver and agree hereto.

Signature: _____

Date: _____