



## Meal Break Waiver

Employee Name (Please Print): \_\_\_\_\_

Department: \_\_\_\_\_ Waiver Effective Date: \_\_\_\_\_

I understand under North Dakota Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes during which time I am relieved of all work duties. I also understand that meal breaks are required to be offered only when two or more employees are on duty.

I give my consent to waive my 30 minute unpaid meal break with the understanding that should I need/want to take a 30 minute or longer meal break on a particular day, it will be unpaid and must be approved by my supervisor prior to taking it and must be recorded as an unpaid meal break on my timesheet.

I request this waiver freely and voluntarily. I understand that this waiver can be revoked in writing by either me or the Fargo Park District/Valley Senior Services at any time, which will require notification per signature line below.

In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

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

Supervisor Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I revoke this waiver - Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form completed to the HR department located at the Depot to be filed in the employee's personnel file.**