MEAL PERIOD WAIVER
10- & 12-HOUR SHIFT

This will acknowledge that I regularly work a shift more than eight (8) hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under state law. In accordance with the requirements of Wage Order 5, this certifies my voluntary waiver of a meal period each day of work. I also understand that Registry Network, Inc., or I may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Registry Network, Inc. exercises, the option to revoke the waiver.

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

- ❑ I acknowledge that I have read this waiver, understand it and voluntarily waive one of my meal periods.

OR

- ❑ I acknowledge that I have read this waiver, understand it and do not wish to waive one of my 2 meal periods. This means on a 10 or 12 hour shift you wish to take 2 unpaid 30-minute lunch breaks. RNI cannot guarantee the facility will grant you the second meal period, so going to a facility that has 10- or 12-hour shifts may not be an option for you

_____	_____
Employee Signature	Date
_____	_____
Print Name	Department

Form updated 9-3-26