



MEAL PERIOD WAIVER FORM

Dear Trusted Nurse,

Trusted provides a 30-minute off-duty meal period to employees who work more than five hours and a second 30-minute off-duty meal period to employees who work more than 10 hours in a workday, unless they have elected to waive a meal period in accordance with California and Washington state law.

In California your first meal period must be taken before you work more than five hours in a workday, and a second meal period must be taken before working more than ten hours in a workday, if applicable. As an employee in the healthcare industry, you are permitted to voluntarily waive one of your two 30-minute meal periods on shifts when you work more than ten hours. You are also committing to taking the remaining meal period before you work more than ten hours in a workday.

In Washington, your first meal period must be taken no less than two hours nor more than five hours from the beginning of the shift, and a second meal period must be taken within five hours of the first meal period, if applicable. Further, if you work three or more hours longer than your normal shift you are entitled to an additional meal period prior to or during the overtime period. Under Washington law, you may choose to waive any of your meal periods.

As long as this agreement is signed and in effect, Trusted will allow you to work without taking one of your meal periods as otherwise required by California and Washington state law. However, if at some later date you wish to receive both of your meal periods, you may revoke this agreement. Trusted may also revoke this agreement. In either case, if either you or Trusted revoke this agreement, the agreement will no longer be in effect, and Trusted will require that you take all meal periods consistent with the rules established by California and Washington law.

If you wish to waive one of your meal periods when you are eligible for two meal periods, please complete Option 1 below. If you wish to revoke any previously completed Meal Period Waiver, please complete Option 2 below. If you wish to not waive one of your meal periods when you are eligible for two meal periods, please complete Option 3.

OPTION 1 - Meal Period Waiver:

By signing below, on shifts when I am entitled to two 30-minute off-duty meal periods, I am voluntarily waiving the right to take one of my meal periods.

I also understand that I or Trusted, may revoke this waiver at any time by submitting a Revocation of Waiver Form, set forth below, and any change will become effective upon the next shift worked after submission of said form to Trusted.

I understand that off-duty uninterrupted meal periods are not considered hours worked and are not compensated. I will ensure that the start and stop times of my meal periods and my shift are accurately reported on my timesheet.

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

Signature

Date

Print or Type Your Name



Option 2 - REVOCATION of Meal Period Waiver:

By signing below, I hereby revoke any previously filed Meal Period Waiver Form. I understand that this revocation will remain in effect unless I file another waiver form to change my election. Any change will become effective upon the next shift after the submission of the form to Trusted.

I understand by acknowledging/revoking my meal period waiver, that I am agreeing to take all meal periods to which I am entitled.

Further I understand that off-duty uninterrupted meal periods are not considered hours worked and are not compensated. I will ensure that the start and stop times of my meal periods my shift are accurately reported on my timesheet.

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

Nurse Signature

Date

Print or Type Your Name

OPTION 3 - Meal Period Waiver DECLINED

By signing below, on shifts when I am entitled to two 30-minute off-duty meal periods, I am NOT voluntarily waiving the right to take one of my meal periods.

I understand that off-duty uninterrupted meal periods are not considered hours worked and are not compensated. I will ensure that the start and stop times of my meal periods and my shift are accurately reported on my timesheet.

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

Nurse Signature

Date

Print or Type Your Name