

# UC HEALTH

## MEAL PERIOD WAIVER AND DEFERRAL FORMS - CNA Only

**Employee Name:**

**Employee ID:**

**Employee Department:**

**UCNet ID:**

I hereby certify that I am an employee of University of California, Identify Med Center (“University”) and provide direct care or support direct patient care in a general acute care hospital, patient care clinic, or public health setting.

I understand that, when I work shifts over five (5) hours and no more than ten (10) hours, I am entitled to one unpaid thirty (30) meal period. I understand that, when I work shifts over ten (10) hours, I am entitled to two unpaid meal periods. I further understand that if my shift is longer than fifteen (15) hours, I am entitled to an additional unpaid thirty (30) minute meal period.

### **VOLUNTARY MEAL PERIOD WAIVER FOR SHIFTS OF IN EXCESS OF FIVE (5) AND NOT MORE THAN SIX (6) HOURS**

By checking this box and signing below, I certify that I voluntarily elect to waive my unpaid meal period for each shift that I work of over five (5) hours but not more than six (6) hours. I understand that waiving a meal period is not a condition of employment. I understand although I will be paid for all time worked, I will not be paid for the waived meal period time (30 minutes) and the waived meal period will not qualify as a missed meal period for which I am entitled to a penalty under California law. This waiver will remain in effect until I, or the University, exercise the option to revoke it. I understand that I may revoke this waiver at any time by providing at least one (1) day’s advance notice in writing of the decision to do so, and that the University may revoke this waiver at any time by providing at least twenty one (21) day’s advance notice in writing of the decision to do so.

### **ACKNOWLEDGMENT OF VOLUNTARY DEFERRAL OF MEAL PERIOD FOR SHIFTS OF NO LESS THAN EIGHT (8) AND NOT MORE THAN TEN (10) HOURS**

By checking this box and signing below, I certify that I voluntarily elect for my unpaid meal period to begin after the fifth hour of my shift, when I work shifts of no less than eight (8) hours and no more than ten (10) hours. I specifically request and intend that this meal period deferral apply to all shifts that I work of no less than (8) hours and no more than ten (10) hours. I understand that I will be paid for all time worked, but I will not receive any additional pay due to the deferred meal break, nor will my deferred meal period qualify as a missed meal period for which I am entitled to a penalty under California law. I further understand that, at any time, I may revoke this Acknowledgment of Voluntary Deferral of Meal Period for Shifts of No Less Than Eight (8) and Not More Than Ten (10) Hours (“Deferral”) by providing at least one day’s advance notice in writing of the decision to do so to my supervisor/manager. Similarly, the University may revoke its acceptance of my deferral election by providing me at least twenty one (21) day’s advance notice in writing of the decision to do so. I understand that deferring my meal period is not a condition of employment and that the University has provided me with the option to take a meal period that

begins before the end of the fifth hour of my shift. This Deferral will remain in effect until I, or the University, exercise the option to revoke it.

**VOUNTARY MEAL PERIOD WAIVER FOR SHIFTS IN EXCESS OF TEN (10) HOURS**

I hereby certify that I voluntarily elect to waive one of the two unpaid thirty (30) minute meal periods I would otherwise be entitled to receive under California law for each shift that I work in excess of ten (10) hours. I understand that as a result of this waiver, I will receive only one meal period, scheduled to occur before the end of the eighth (8<sup>th</sup>) hour of work during each day of work, and I will be paid for all time worked. I understand if I have waived one meal period, I will be paid for all time worked, but so long as my remaining meal period is scheduled and available before the end of the eighth (8<sup>th</sup>) hour of my shift, I will not be paid for the thirty (30) minutes of waived meal period time nor will I be entitled to a missed meal period penalty under California law. By checking this box and signing below, I confirm that I agree to waive one of the two meal periods I would otherwise be entitled to receive when I work a shift in excess of ten (10) hours. This waiver will remain in effect until I, or the University, exercise the option to revoke it. I understand that I may revoke this waiver at any time by providing at least one (1) day's advance notice in writing of the decision to do so, and that the University may revoke this waiver at any time by providing at least twenty one (21) day's advance notice in writing of the decision to do so.

**I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND IT, AND VOLUNTARILY AGREE TO THE WAIVER(S) AND/OR DEFERRAL FORM THAT I HAVE CHECKMARKED.**

To revoke a meal period waiver or meal period deferral , I must submit a request in writing and send it to my supervisor/manager at least one (1) day in advance of the date I would like the revocation to take effect.

Nurses who have the option of electing to waive a meal period but do not do so will have their shift length extended by thirty (30) minutes to accommodate the meal period.

I understand that waiving or deferring a meal period is not a condition of employment.

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

Signature of UC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of UC Representative: \_\_\_\_\_ Department: \_\_\_\_\_