



Employee Name: _____

Waiver Effective Date: _____

I understand that under Massachusetts Labor Law, after a work period of 6 hours, I am entitled to receive an unpaid meal break of not less than 30 minutes during which I am relieved of all duties.

I give my consent that I will waive my 30-minute unpaid meal break.

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

Employee Authorization

Employee Signature: _____ Date: _____

Supervisor Authorization

Supervisor Signature: _____ Date: _____