



## Meal Break Waiver Form

Employee Name: \_\_\_\_\_

Waiver Effective Pay Period: \_\_\_\_\_ to \_\_\_\_\_

I, \_\_\_\_\_ (Employee), understand that under Tennessee Labor Law employees are entitled to receive an unpaid 30-minute meal break after a work period of 6 consecutive hours or more in which they are relieved of all duties. A waiver must be requested by the employee and approved by management if for any reason the employee needs to work through their meal break.

By submitting this form, I, \_\_\_\_\_ (Employee), request a waiver to work through my 30-minute unpaid meal break on the dates mentioned below. I understand that my work period exceeded 6 hours and I am voluntarily submitting this request to management allowing me to work through my entitled meal break.

For this waiver to be valid the employee's supervisor must authorize the request in writing by signing below. Each occurrence within the effective date period must also be initialed and dated below

Employee Authorization:

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

Supervisor Authorization:

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

Date of Waived Meal: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date of Waived Meal: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date of Waived Meal: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Please return the completed Meal Break Waiver Form to HR once a supervisor has signed off on it.