CALIFORNIA MEAL AND REST PERIOD ACKNOWLEDGEMENT

Employee Name: _____ **Date:** _____

Position: _____

I, the undersigned employee, understand that the Company is committed to compliance with all California labor laws regarding meal and rest periods for non-exempt employees. By signing below, I acknowledge that I have received, read, and understand the following policies:

1. Meal Periods

- **Shifts > 5 hours:** If I work more than five (5) hours in a workday, I am entitled to an unpaid, off-duty meal period of at least 30 minutes. This meal period must start before the end of the 5th hour of work.
- **Shifts > 10 hours:** If I work more than ten (10) hours in a workday, I am entitled to a second unpaid, off-duty meal period of at least 30 minutes, which must start before the end of the 10th hour of work.
- **Relief of Duty:** During my 30-minute meal period, I am completely relieved of all duties, and I am free to leave the premises.

2. Rest Periods

- **Duration:** I am authorized and permitted to take a paid, 10-minute rest period for every four (4) hours worked, or "major fraction" thereof (anything over 2 hours).
- **Timing:** Rest periods should be taken as close to the middle of each work period as practical.
- **Relief of Duty:** I am relieved of all duties during my 10-minute rest period.

3. Employee Responsibilities and Agreements

- **Compliance:** I agree to take all required meal and rest breaks.
- **Notification:** It is my responsibility to notify my supervisor immediately if I am not able to take a full, uninterrupted meal or rest break.
- **No Pressure:** I understand that no supervisor or manager may ask or require me to skip, shorten, or work through my breaks.

- **Recording:** I will accurately record my meal periods in the company timekeeping system.
- **Voluntary Missed Breaks:** If I choose to work through a break, I will not do so under pressure, and I will report this to my supervisor.

4. Missed Break Policy

If I fail to take a meal or rest period as required, I understand I will be notified by my supervisor, and the matter will be discussed. I understand that I am entitled to one (1) hour of premium pay for each workday that a meal or rest break is not provided.

I acknowledge that I have read and understand this policy, and I agree to comply with it.

Signature

Print Name

Date