



## **SCRS-IL SCRS MEAL BREAK WAIVER AGREEMENT**

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Employee Name (Please print) \_\_\_\_\_

Department: \_\_\_\_\_

I agree to waive meal periods as follows:

### First Meal Period

- I understand that I am entitled to an unpaid meal break of not less than 30 minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day's work will be completed within a work period of not more than six (6) hours.
- Accordingly, I agree to waive the meal period whenever my total day's work will be completed within a work period of not more than six (6) hours.

### Second Meal Period

- I understand that I am entitled to a second unpaid meal break of not less than 30 minutes if I work more than ten (10) hours during a work day. However, I understand that I can waive the second meal period when my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.
- Accordingly, I agree to waive the second meal period whenever my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not waive the first meal period.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by me at any time.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Please print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward form to the Human Resources Department at: [dtheodore@scrs-ilc.org](mailto:dtheodore@scrs-ilc.org)