



## Absolute Home Health, Inc. Care

4740 Murphy Canyon Rd Ste 222, San Diego, CA 92123

Agency Phone: (858) 541- 2000 Agency Fax: (858) 541- 2011

### Meal Period Waiver

I understand that Absolute Home Health, Inc. provides two 30-minute, uninterrupted meal periods to any California Clinician who works more than ten hours in any workday. The first meal period will be provided before the end of my fifth hour of work. The second no later than the end of the tenth hour. I also understand that when I work more than ten hours in a day, I may voluntarily waive one of the two 30-minute meal periods. If I choose to waive one of my meal periods, I will take the remaining meal period no later than the end of my tenth hour of work. By signing below I am voluntarily waiving one of the two 30-minute meal periods. I also understand that I, or Absolute Home Health, Inc., may revoke this waiver at any time by submitting a Revocation of Waiver Form, and any change will become effective upon the next shift worked after submission to Absolute Home Health, Inc. This waiver will remain in effect until it is revoked. I understand that meal periods are not considered hours worked and are not compensated. I will ensure that all meal periods and hours worked are accurately reported on my timesheet.

I acknowledge that I have read this document, understand it and agree to its provisions.

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Employee Name

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Date