

Dear Healthcare Professional:

Since you have accepted a travel assignment in California, you are required to complete the attached **Meal Period for California Healthcare Employees Form**.

In accordance with California law, any employee who works a shift exceeding 10 hours (i.e., 12 hours) is required to take two 30-minute meal periods. However, there is an exception for healthcare employees who wish to waive their second meal period. Therefore, the following options are available to you when working a shift exceeding 10 hours:

**Option 1:** Take two 30-minute meal periods

**Option 2:** Take one 30-minute meal period and *wave* the second meal period.

**If you choose Option 1 (“Decline”),** Please sign the top portion of the attached Form: “*Decline to Waive.*” when working 12 hour shifts (on which a facility will generally schedule you for 12 ½ hours), you will be paid for 11.5 hours since you are taking two 30-minute meal breaks. Please sign the top portion of the attached Form: “*Decline to Waive.*” (If you elect this Option 1 on the Form, you must take the second meal period every time you work more than 10 hours. As this is California law, failure to comply may result in disciplinary action.)

**If you choose Option 2 (“Waiver”),** Please sign the bottom portion of the attached Form: “*Waiver of Meal Period.*” when working 12 hour shifts, you will be paid for 12 hours and you will be required to take one 30-minute meal break. Please sign the bottom portion of the attached Form: “*Waiver of Meal Period.*” (If you elect this Option 2, but occasionally want to take a second meal break, that’s fine; simply record both breaks on your timecard. You are not required to file a new Form unless you wish to make this a permanent change.)

**Please return the attached Meal Period Form for California Employees by fax to your Quality Management Specialist as soon as possible.**

You may submit a new Form at any time if you wish to change the option you have chosen. For questions, please call Customer Service at 877-777-8086.

## Meal Period Form for California Healthcare Employees

Please sign one of the following options and fax to your Quality Management Specialist.

### ***Option 1: Decline To Waive Meal Period***

I understand that by signing below, I will be required to take **all** meal periods to which I am entitled when working shifts in excess of 10 hours. Taking the second meal period will result in my working and being paid for 11.5 hours in a standard 12.5-hour shift. At this time, I choose *not* to exercise my right to waive one meal period. I will ensure that all meal periods are taken and documented accordingly on my timesheet.

**I acknowledge that I have read this document, understand it and agree to its provisions (including that I will be paid 11.5 hours when working a 12.5 hour shift).**

\_\_\_\_\_  
Healthcare Professional Signature

XXX-XX-\_\_ \_\_ \_\_ \_\_  
Last 4 digits of our Social Security Number

\_\_\_\_\_  
Print or Type Name of Healthcare Professional

\_\_\_\_\_  
Date

.....

### ***Option 2: Waiver of Meal Period***

I understand that by signing below, I will be required to take **only one** meal period when working shifts in excess of 10 hours. Taking only one meal period will result in my working and being paid for 12 hours in a standard 12.5-hour shift. I understand that under California law I have this right to waive one of the two meal periods. I also understand that I, or the Company, may revoke this “Waiver of Meal Period” at any time by providing at least one day’s advance notice in writing. This waiver will remain in effect until it is revoked. I will ensure that all meal periods are taken and documented accordingly on my timesheet.

**I acknowledge that I have read this document, understand it and agree to its provisions, including that I will be paid 12 hours when working a 12.5 hour shift.**

\_\_\_\_\_  
Healthcare Professional Signature

XXX-XX-\_\_ \_\_ \_\_ \_\_  
Last 4 digits of our Social Security Number

\_\_\_\_\_  
Print or Type Name of Healthcare Professional

\_\_\_\_\_  
Date