Meal and Rest Break Attestation In California

I confirm and acknowledge that:

**Hours Worked Confirmation**
My timecard record reflects all of my work time, including:
- Clock in time
- Lunch start and end time
- Clock out time

**Rest Break Question**
I was provided at least one paid 10-minute rest break for every 4 hours of work (or a significant fraction thereof).

**Meal Period Question**
As provided by California law, I was allowed to take a minimum 30-minute duty-free meal period during the first 5 hours of work. I was given a second meal break when I worked more than 10 hours on a workday.

My manager has made me aware of the expectation that under no circumstance should the lunch break be started after five hours from when my shift started. If my meal period began after more than 5 hours of work, it was my choice.

**Agree or Disagree**
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I understand that if the Company does not provide me with a required meal break or authorize and permit me to take the required rest period, I must report this on the “Meals and Rest Break Reason” section of the form below.

Also, I understand that I cannot combine my meal break(s) with my rest period(s) or use my meal breaks and/or rest periods to modify my regular work schedule.

By including my signature below, I certify that I received all allocated meal periods and was granted the opportunity to take all rest periods, following the regulations of the timekeeping policy applicable to California only. I know that the Company depends on the information I have provided through this form to comply with California labor laws.

Falsification of an employee’s time record is a serious offense and will subject the offending employee to disciplinary action.

**Meal and Rest Period Reason**
Mark the letter that aligns with the reason for not taking a meal or rest periods per the employer’s policy.
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Reason Meal or Rest Period Was Not Provided
a) My manager did not authorize me to take a meal or rest break.
b) My meal or rest period was interrupted because I was recalled to work.
c) The current workload prevented me from taking the required meal or rest period.
d) Other (write your reason below)

__________________________________________________

If you disagree with any of the above confirmations, please explain below and immediately inform your manager:

_____________________________________________________________________
_____________________________________________________________________

Name: ________________________
Signature ___________________________
Date: ______________________