

**(INSERT FACILITY NAME)**  
**ON-DUTY MEAL AGREEMENT**

The employee and Hospital agree that the nature of the employee's work prevents the employee from being relieved of all duty during the employee's meal period, and that the employee shall work an on-the-job meal period of one half hour (30 minutes) that shall be paid.

It is further understood and agreed that this agreement shall remain in effect as long as the hospital and the employee so choose. The hospital or the employee may, in writing, revoke the agreement at any time.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF EMPLOYEE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

HOSPITAL REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

Cc: Employee  
Manager

Original to go in Personnel file.