

**Acknowledgment of Receipt of Meal Period and Rest Break Policy**

I acknowledge that I have been provided with and understand the Company's Meal Period and Rest Break Policy and understand that it is effective immediately. I agree to comply with this Policy.

If I am denied a meal or rest period to which I am entitled, or if I fail to take a meal or rest period as required by law and my employer's policies, I agree to notify my supervisor or Human Resources department within twenty-four (24) hours, so that the matter can be fully and carefully investigated and appropriate corrective action can be taken.

I understand that I may be subject to disciplinary action, up to and including termination of employment, if I violate this Policy.

**Employee Name (print)**

**Employee Signature Date**