

TOWN OF LINCKLAEN
LUNCH BREAK WAIVER AGREEMENT

Employee Name *(Please print)* _____

Department: _____

I agree to waive my daily lunch period as follows:

I understand that I am entitled to a lunch break no less than 30-minutes for shifts six (6) hours or longer. However, I understand that under NYS Labor Law I can waive the lunch break in exchange for a lunch period at the end of the workday.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or the Town of Lincklaen at any time.

Employee's Signature: _____ Date: _____

Highway Superintendent's Name *(Please print)*: _____

Highway Superintendent's Signature: _____ Date: _____

The original form must be kept by the Highway Superintendent, a copy is to be given to the employee and a copy to be kept in the Town Clerk's Office.