

California Meal Period Acknowledgment and Premium Form

Employee Name: _____ EssilorLuxottica ID: _____ Week Ending Date (Sat): _____

I understand that I am entitled to take one off-duty 30 minute meal period when I work more than five hours and a second off-duty 30 minute meal period when I work more than 10 hours. I understand that my first meal period must be provided within the first five hours of my shift and my second meal period (if I work over 10 hours) must be provided within the first 10 hours of my shift.

Instructions: Use the chart below to record your: (1) voluntary meal period waivers/acknowledgments and/or (2) meal period premiums owed for the week. Give completed form to your manager. Store managers must send the completed form weekly to 1-866-212-3663 (fax) or hrcompliance@luxotticaretail.com.

Date	VOLUNTARY MEAL WAIVER AND ACKNOWLEDGMENT		MEAL PERIOD PREMIUM REQUEST	
	Indicate with an X below if you were given the opportunity to take a 30-minute meal period before the end of your 5th and/or 10 th hour of work, and you voluntarily chose to do one or more of the following on that day: <ol style="list-style-type: none"> not take your first and/or second meal period; not take it within the first 5 and/or 10 hours of my shift; not take it for a full 30 minute period; waive your first meal period because you were scheduled to work more than 5, but 6 or less; waive your second meal period because you were scheduled to work more than 10, but 12 or less, hours and took your first meal period. 		Indicate with an X below if you were prevented from taking or were instructed to waive, skip or take a late or short first or second meal period because of work on that day. Managers: Input a 1-hour premium into the POS/timekeeping system for each day indicated.	
	FIRST MEAL PERIOD	SECOND MEAL PERIOD	FIRST MEAL PERIOD	SECOND MEAL PERIOD

By signing below, I certify that the above information is correct to the best of my knowledge. If I am unable to take a meal period because of work, or if I am discouraged or dissuaded from taking a full and uninterrupted meal period, I understand that I must indicate that on the chart above and report it to my manager for payment of a 1-hour meal period premium. If I do experience any pressure or coercion to waive, skip or take late or short meal periods or breaks at any time, I further understand that I should immediately contact HR Service Center at 1-866-431-8484 or hrsolutions@luxotticaretail.com.

Employee Signature: _____

Date Submitted: _____

Manager Signature: _____

Date Reviewed and/or Entered: _____

