

STATE OF NEVADA
Office of the Labor Commissioner

MEAL/REST PERIOD WAIVER REQUEST

(Nevada Revised Statutes (NRS) 608.019 Periods for meals and rest and Nevada Administrative Code (NAC) 608.145)

1. An employer shall not employ an employee for a continuous period of 8 hours without permitting the employee to have a meal period of at least one-half hour. No period of less than 30 minutes interrupts a continuous period of work for the purposes of this subsection.

2. Every employer shall authorize and permit all his or her employees to take rest periods, which, insofar as practicable, shall be in the middle of each work period. The duration of the rest periods shall be based on the total hours worked daily at the rate of 10 minutes for each 4 hours or major fraction thereof. Rest periods need not be authorized however for employees whose total daily work time is less than 3 and one-half hours. Authorized rest periods shall be counted as hours worked, for which there shall be no deduction from wages.

NRS 608.019 (4). An employer may apply to the Labor Commissioner for an exemption from providing to all or to one or more defined categories of his or her employees one or more of the benefits conferred by this section. The Labor Commissioner may grant the exemption if the Labor Commissioner believes the employer has shown sufficient evidence that business necessity precludes providing such benefits. Any exemption so granted shall apply to members of either sex.

Waiver being requested for: Meal Breaks: Rest Periods: Both:

Name of Business: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Contact Person/Title: _____

E-Mail: _____

Reason for Waiver Request:

Yes No

Is there more than one person employed at your place of employment during any scheduled shift?

Yes No

Are the Employees in question subject to a Collective Bargaining Agreement?

Yes No

Have your employees expressed a desire to waive their Meal/Rest Period? (*Written/Signed agreements must be attached.*)

When submitting your request, please attach additional documentation/evidence supporting the Waiver Request

***By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.*

Printed Name/Title

Signature

Date

For Labor Commissioner's Use Only:

Waiver Request Approved:

Waiver Request Denied:

Notes:

Printed Name/Title:

Signature:

Date

Date Received: _____

Date Returned: _____

