

CALIFORNIA MEAL PERIOD AND REST BREAK POLICY ACKNOWLEDGEMENT FORM FOR MANAGERS

I acknowledge that I have received a copy of the following documents:

- California Meal Period and Rest Break Policy and Acknowledgement Form
- California Meal Period and Rest Break Summary Chart
- California Meal Period and Rest Break Policy – Premium Payment Requirements
- California Meal Period and Rest Break Policy - Manager Oversight and Enforcement
- California Meal Period and Rest Break Policy - Constructive Counseling Manager Guidance (Constructive Counseling templates are available on Sodexo LINK)
- California Meal Period and Rest Break Q & A for Managers

I agree that I have read, understand, and will follow the policy and procedures set forth in these documents.

I understand that if I have any questions about these documents, I should contact my manager and/or Human Resources.

I understand that if I fail to comply with the policy and procedures, I will be subject to discipline, up to and including termination of employment.

Manager Signature

Date

Print Name

Note: These documents and additional California Meal Period and Rest Break Policy related documents including a Spanish version of the Policy and Summary Chart can be found on the [Meal Period and Rest Break Policy - California](#) page of Sodexo LINK.

**Please return this completed document as instructed by
Human Resources.**