Car Wash Enterprises, Inc.

VOLUNTARY MEAL PERIOD WAIVER

I understand that if I work more than five consecutive hours I have the right to take a 30-minute meal period that starts no less than two hours nor more than five hours from the beginning of my shift. If I work more than five hours after my first meal period ends (or if I work three or more hours longer than my normal workday), I may take a second 30-minute meal period.

The company has encouraged me to take my meal periods. However, I am requesting that I be allowed to waive this right. I understand that by waiving my meal periods I am choosing to take my meal periods in the manner I prefer, and that my meal period waiver applies to each of the following scenarios without limitation: (1) timing (when I take my meal periods); (2) duration (length of my meal periods); and (3) whether I take my meal periods at all (skip them).

I would like this meal period waiver to be in effect (*please check one*):

____ For all meal periods (or until I withdraw my waiver as explained below).

____ For the following dates: _____

I am requesting to waive my meal periods voluntarily for my benefit and without any coercion or duress from the company. I understand I am not required to waive any meal period and should not complete this form if I do not wish to waive my meal periods.

The company may decide to withdraw its approval of this waiver and require that I take a meal period. I understand that I can request a meal period at any time. I may also withdraw this waiver at a later date. To make sure that the company is clear about my schedule and intentions, I agree that if I later wish to withdraw this waiver and receive a meal period, I will make that request in writing and give it to my supervisor or Human Resources (HR).

I understand that I have the right to receive a 10-minute paid rest break for each four hours of working time. My rest breaks may be taken intermittently. I acknowledge that the company has encouraged me to take these rest breaks. I will contact my supervisor if I believe I do not receive mandatory rest breaks.

By signing below, I voluntarily waive my meal periods.

Sign _____

Print Name _____

Date _____