



## One Employee Shift Acknowledgement Form

Employee: \_\_\_\_\_

Store# \_\_\_\_\_

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, have been informed by State Security Agency LLC that I may be assigned to a One-Employee Shift where only one person is on duty or is the only one in a specific occupation therefore, it is customary for the employee to eat on the job without being relieved. It is the nature of the security industry that it is necessary to operate with one-employee shifts especially during night shifts and that I acknowledge that my meal periods may be interrupted as a result.

I acknowledge that I am required to take a 30-minute unpaid meal break in the middle of my shift while at work and an additional 30-minute break if I work more than 10 hours. I understand that I cannot opt out of taking my required meal break or waive my right to a meal period.

I must inform my Supervisor immediately in writing (via company email system) if I am unable to take my required meal breaks. I may be required to submit further documentation or information to verify the reason I am not able to take my required meal breaks.

Continued failure to comply or produce justifiable reason may result in disciplinary action, including and up to termination.

I also acknowledge working a one-employee shift is voluntary and accepts the requirements.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date