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9 Attorneys for PLAINTIFF
10 KYLE FRENCHER, on behalf of herself
11 and others similarly situated.

12 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
13 **FOR THE COUNTY OF LOS ANGELES – CENTRAL CIVIL WEST**

14 KYLE FRENCHER, on behalf of herself and
15 others similarly situated.

16 PLAINTIFF,

17 vs.

18 PACIFICA OF THE VALLEY
19 CORPORATION dba PACIFICA HOSPITAL
20 OF THE VALLEY; and DOES 1 to 100,
21 Inclusive.

22 DEFENDANTS.

Case No.: BC559056

Assigned for all Purposes to the Hon. Elihu M.
Berle, Dept. 323

CLASS ACTION

**COMPENDIUM OF EVIDENCE IN
SUPPORT OF PLAINTIFF’S MOTION
FOR CLASS CERTIFICATION, VOLUME
3**

**VOLUME 3 OF 3
EXHIBIT 50**

[Filed and served concurrently with Plaintiff's
Notice of Motion and Motion for Class
Certification; Memorandum of Points and
Authorities; Proposed Trial Plan; and
[Proposed] Order]

Date: TBD
Time: TBD
Dept.: 323

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EXHIBIT 50

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

Bryan Aceves

Employee Name

BHV

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Bryan Aceves

Employee signature

12-24-13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Marylou Aclan

Employee Name

Sub-Acute

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

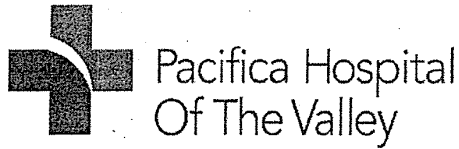
Maddam

Employee signature

4/24/2015

Date

Acosta Elaine



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Acosta Elaine
Employee Signature

Neuro
Department

09/09/2011
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Crystal Aguilar
Employee Name

BHU
Department

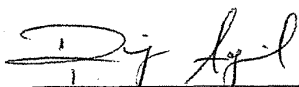
This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Crystal Aguilar 11/3/14
Employee signature Date

Aguilar Rodriguez

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

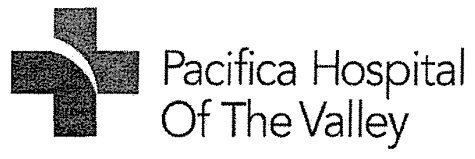


Employees signature

BTU
Department

3/1/12
Date

Andujar, Josephine



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

JR
Employee Signature

BHU
Department

12/19/11
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Akehdela
Employees signature

NEURO
Department

8/2/10
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Jovita Alcala.

Employee Name

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Jovita Alcala.

Employee signature

4/21/15


Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

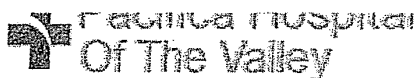
Edna Alegria
Employee Name

BHU
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee signature

9.28.15
Date



Ali Mohammed

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

A handwritten signature in black ink, appearing to be "Ali Mohammed", written over a horizontal line.

Employees signature

NEURO

Department

03/15/2012

Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Rebekah Anderson BHV 9/26/11
Employee Signature Department Date

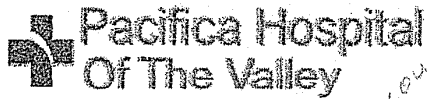
PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Nancy Barillas
Employee Name

Admitting
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Nancy Barillas
Employee Signature & Date



*Bleed
through*

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

G. J. [Signature]
Employees signature

3M
Department

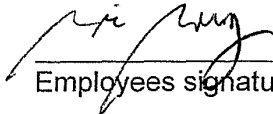
4/2/13
Date



Bleary Richard

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

10-3-13
Department

10-3-13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Brianna Beels

Employee Name

BHU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

BBeels

Employee signature

6/20/14

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

Josefina Bendam
Employee Name

Neuro 3
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

J. Bendam
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

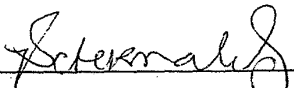
BRIGIE ANNE BERNALDEZ

Employee Name

BAU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

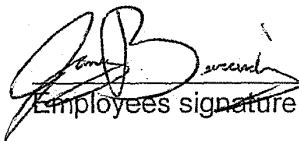
4/15/15

Date

Bernardino Janzen

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

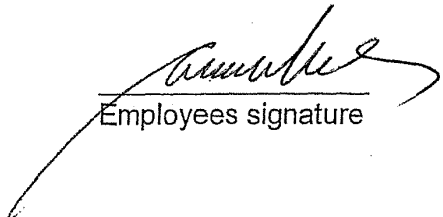

Employee's signature

med/surg
Department

7-30-2010
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

BPAU
Department

11/16/12
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Annalisa Cancio

Employee Name

Neuro

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

ACancio

Employee signature

2-26-15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

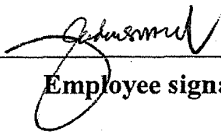
LOUISA GERALDINE CASALLA

Employee Name

SUBACUTE

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

2/24/2015

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Chiung Sittoniel

SITTONG (Rick) CHUNG

Employee Name

SUB-ACUT 6

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

4-23-15

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

CHRISTIAN ANJANA RAJ
Employee Name

NEURO
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

ARJ 2/27/07
Employee Signature & Date



Collingwood Franklin

PACIFICA HOSPITAL OF THE VALLEY WORKING SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

P. Callaghan
Employee's signature

BHU
Department

11/06/13
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

CARMU CORREA

Employee Name

NEURO

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Signature]
Employee signature

3/26/14
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Diana Covarrubias

Employee Name

Neuro

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Dela

Employee signature

9/28/15

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Ana M Cruz
Employee Name

OB
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Ana Cruz
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Diana deLeon

Employee Name

Neuro

Department

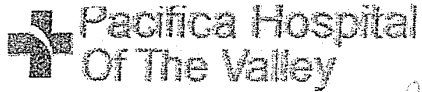
This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Handwritten Signature]

Employee signature

2/20/15

Date



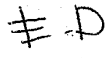
Despauitademas, Ramon

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature



Department



Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Cesar Diance
Employee Name

Emergency Room
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Cesar Diance
Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Diana Christian

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

BMU
Department

09-08-10
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Gabriela D'ance

Employee Name

BHU

Department

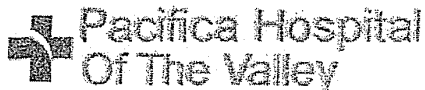
This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

2/25/15

Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Dominquez, Wendy

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Wendy Dominquez
Employees signature

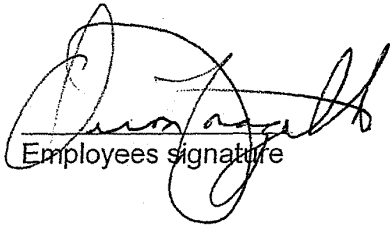
Respiratory
Department

10-27-2010
Date

DragonHo, Orion

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

BHU
Department

5/25/12
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

NICHOLAS ESTRELLA
Employee Name

NEURO 2
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

M. Olay 8/27/05
Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Cecilia Flores
Employee Name

Neuro 2 S
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Cecilia Flores 11/14/05
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

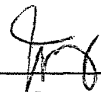
FRANCINE MIKA GOMES

Employee Name

NURSING

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

03/09/15

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

Raiza Gomez

Employee Name

Nursing

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Raiza Gomez

Employee signature

3-12-2014

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

FRANCIS GONZALEZ
Employee Name

NEURO
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.


Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Kambrea Griffith
Employee Name

3m
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

K Griffith 12/8/14
Employee signature Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Ernesto Guevara
Employee Name

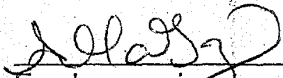
Nursing
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

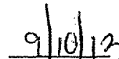
Ernesto Guevara 2/18/15
Employee signature Date

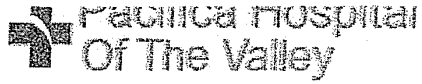
PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature


Department


Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Amberly D. Hernandez Contreras LVN/Neuro
Employees signature Department

12-29-2010
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

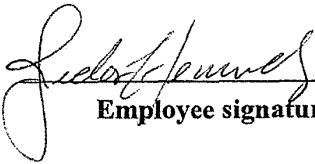
JUDAS HERNANDEZ

Employee Name

BHU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

02/10/15

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Margot Jackson
Employee Name

ER
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Margot Jackson
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

ANNE JANE

Employee Name

MED SURG

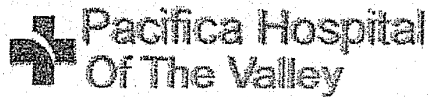
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Anne J. Jane 01/26/2015

Employee signature

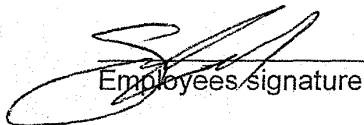
Date



Samuel J. Jovanich

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee's signature

BHU
Department

Jun 25, 2013
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

RODOLFO A. JOSE II

Employee Name

BHU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

01/24/14

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**


DARIO LACEBA

Employee Name

(NEURO)-SUB-ACUTE LUN

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee signature

03/02/15
Date

Lemos, Norma

**PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM**

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

ER

Department

2/28/10

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

ISRAEL LOPEZ

Employee Name

SUB-AUT

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

06-18-15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Julia Lopez
Employee Name

Neuro
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Julia Lopez 3/27/14
Employee signature Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Jasmin Madana

Employee Name

E.R.

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

J. Mag

Employee signature

9/2/15

Date

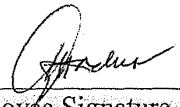
PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

(Manacap)

JOCELYN ANDERSON
Employee Name

NEURO
Department

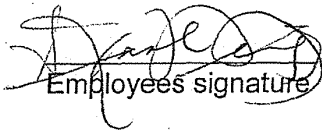
I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.


Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Mawana Abdouk

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee's signature

BEH. HEALTH
Department

7-16-12
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Ana L Martinez

Employee Name

Business Office

Department

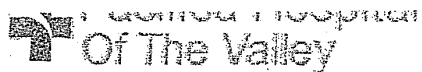
This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Ana L Martinez

Employee signature

3-20-15

Date



Josias Martinez

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Josias Martinez
Employees signature

3m
Department

9-14-2010
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

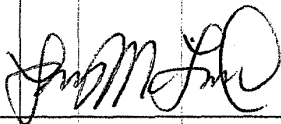
Sarrang McCloud

Employee Name

Neuro

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

10/02/15

Date



Pacifica Hospital
Of The Valley

Medrano, Jose

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Jose Medrano
Employee Signature

Department

Oct-10-11
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

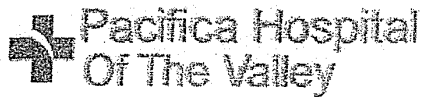
Katrin Minasian

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Katrin Minasian
Employees signature

Neuro
Department

9/4/12
Date



Mohammed, Zubaida

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Zubaidereed
Employees signature

non
Department

10/25/14
Date

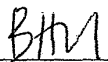
PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Morales, Patricia


This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



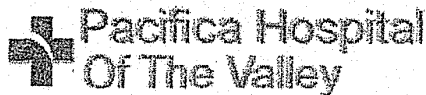
Employees signature



Department



Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Moran Josef A

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Josef Moran
Employees signature

BHV
Department

8-18-13
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Kin Moreno
Employees signature

Bych
Department

10/21/09
Date

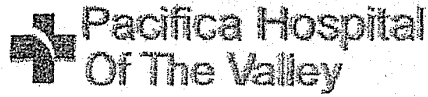
**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Tania B. Murrello
Employee Name

RAU
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

TBM 03/10/2015
Employee signature Date



Navarro, Aminda

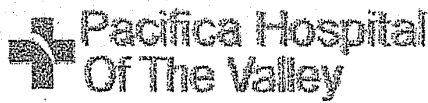
PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

bhu
Department

9-6-13
Date



Higino Nolasco

Nolasco Higino

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Handwritten Signature]

Employees signature

Neno

Department

9/19/13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Akhere Oluke

Employee Name

Med - Surg.

Department

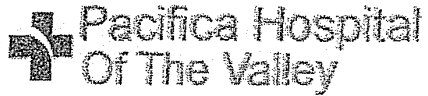
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Akhere Oluke

Employee signature

3/2/15

Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Edna Oquieb
Employee's signature

ICU
Department

2/28/11
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

EDGAR PAEZ

Employee Name

BHU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

03/20/15

Date

Melissa Seistkin

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Melissa Seistkin BHU
Employees signature Department

02-01-2012
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Sheena Peyton

Employee Name

ER

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

3/3/15

Date

PACIFICA HOSPITAL OF THE VALLEY 12 HOURS SHIFT LUNCH WAIVER FORM

Rudy Estrada-Pelido

Employee Name

BHU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

3/23/15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Edelia Quintero

Employee Name

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Edelia Quintero

Employee signature

6-12-14

Date



Ramos, Margarita

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

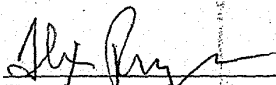
Margarita Ramos
Employee's signature

Department

06/22/2010
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

BHU
Department

11/8/13
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

Gustavo A. Robles

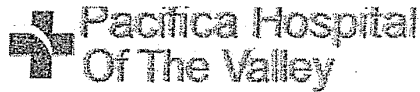
Employee Name

BAU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

 6-3-05
Employee Signature & Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Rodriguez Hector R.
Employees signature

Nursing
Department

5/21/10
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Omar Rodriguez
Employee Name

BHU
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Omar Rodriguez 9-9-15
Employee signature Date

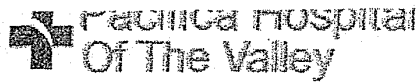
**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Brenda M. Rojas Consejo
Employee Name

Sub Acute
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


 9.17.15
Employee signature Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Pedro Ruiz

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

BHU

Department

8/2/12

Date

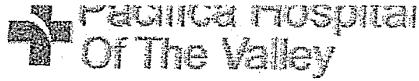
**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Carolyn Safarian
Employee Name

Med Surg
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Safarian 01.12.15
Employee signature Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Sandoz, Maria

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

M. Sandoz
Employees signature

BHV
Department

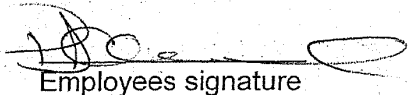
08/02/10
Date



Sandra, Dido

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee's signature

BHU
Department

11-22-10
Date



Joseph Santos

Pacifica Hospital
Of The Valley

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Signature]
Employee Signature

Neuro
Department

9-22-11
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

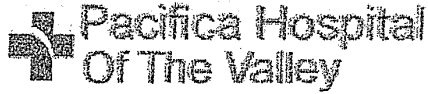
Santos, Jonhiland

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

J Santos
Employee signature

ER
Department

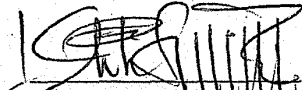
11-2-10
Date



KWNSI Saranya

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

HEURO
Department

09/17/13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

Karina Senda
Employee Name

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

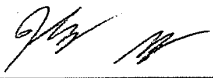
K. Senda
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

Hector Serrano
Employee Name

BHU
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

 7-16-2004
Employee Signature & Date



Joseph Miranda

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee's signature

BHU
Department

10/31/13
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

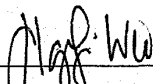
Silver, Helen Grace

Employee Name

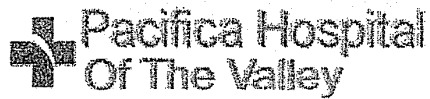
Medical - Surgical

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee signature

05/12/14
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Soberano, Sherwin

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Sherwin Soberano
Employee's signature

EV2
Department

6/19/13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Wendy Soto
Employee Name

Nursing - Subacute
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Signature] 9/16/15
Employee signature Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Love Tchitche
Employee Name

Med-surg
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Love Tchitche 4/1/15
Employee signature Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Victoria Torres

Employee Name

Nursing

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

6/22/15

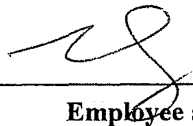
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

MICHAEL TX
Employee Name

SUB-ACUTE
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

9/17/15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

Claudia Velis
Employee Name

ER
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Claudia Velis
Employee Signature & Date

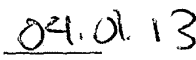
**PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM**

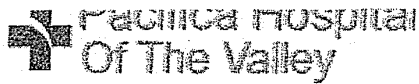
Villarreal, Erica

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature


Department


Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Viramontes, Robert

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

Med-Surg

Department

1-3-2013

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

EWAN VITTAU
Employee Name

3M
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

Evittau 3/24/04
Employee Signature & Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

Worch, Shelly

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Shelly Worch
Employee Signature

BHU
Department


9-13-11
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Ludwig Yap
Employee Name

Nursing
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

 3/13/14
Employee signature Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

JESSE ZAVALA
Employee Name

Nursing BHU
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

 6-13-06
Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

Jesús Zavaleta

Employee Name

NSG

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

2-18-15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

NSG

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

5/1/2015

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

BH4
Department

10/7/13
Date



Pacifica Hospital
Of The Valley

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employee Signature

ED

Department

12/20/2011

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

BHU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

2/22/06

Employee Signature & Date

[Redacted]



**PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM**

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

NEURO
Department

9/10/13
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

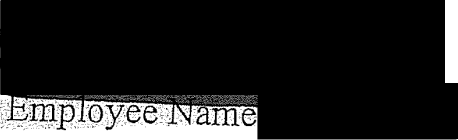
Neuro.

Department

12/30/10

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM


Employee Name

3 m
Department

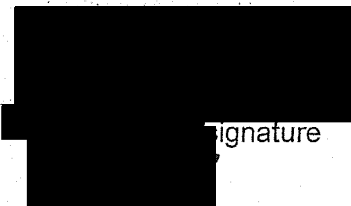
I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

 4-13-07
Employee Signature & Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Signature

Aden Long
Department

11/24/16
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

MALE SURGICAL

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

2/24/14

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted Signature]

Employee's signature

BHU

Department

8/25/10

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

B.H.U.
Department

07/09/12
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

[Redacted]

Employee Name

BHU
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

1/8/14
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

MED - SURG

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

05/11/15

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

[Redacted]
Employee Name

Med - Surg
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]
Employee signature

2/28/19
Date

[REDACTED]

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[REDACTED]

Employee Name

NEURO 2
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

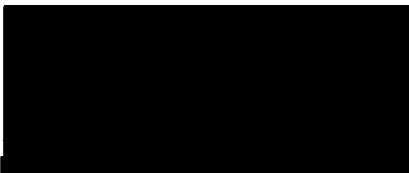
[REDACTED]

11-05-04

Signature & Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

BHCA
Department

09/28/2012
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[REDACTED]

Employee Name

NEURO

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[REDACTED]

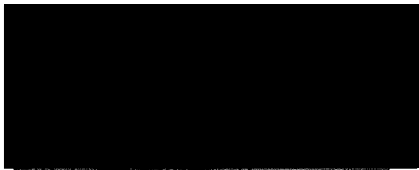
7-19-04

Employee Signature & Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature



3M

Department

10-14-19

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

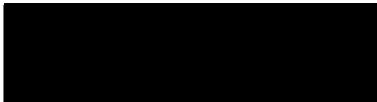


Employee Name

Nursing

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

04/03/2015

Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

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[Redacted Signature]

Signature

B.H.
Department

4-19-13
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted Signature]

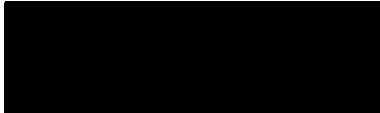
BHV
Department

8/12/13
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

EN

Department

7/16/01

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

Neuro

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

11/22/13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

BAU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

9-24-04

Signature & Date

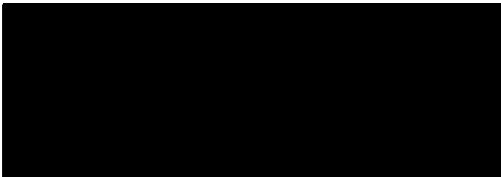
**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**



Employee Name

NEURO/PEDIATRIC SUB ACUTE
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee signature

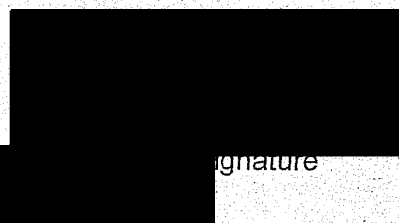
5-29-15

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



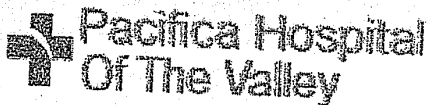
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Signature

SA
Department

04/27/14
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted signature area]

signature

NEURO
Department

9/9/13
Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

[REDACTED]

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[REDACTED]

Employee's signature

SM

Department

6/26/13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

317
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

4-1-13
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

[Redacted]

Employee Name

NEURO

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

03/06/07

Employee Signature & Date

[Redacted]



**PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM**

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

Neuro
Department

3/20/12
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

[Redacted]

Employee Name

Neuro

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



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Employees signature

Med surg
Department

7/12/10
Date

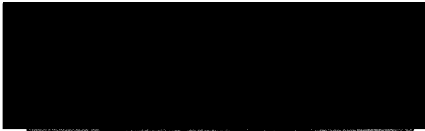


Pacifica Hospital
Of The Valley



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regular work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California Law. In accordance with the requirements of State Law, I hereby understand that, as a result of this waiver, I will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that the Hospital or I may revoke this "Meal Period Waiver" at any time by decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee Signature

BH11

Department

09/28/11

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

EMERGENCY DEPT.

Department

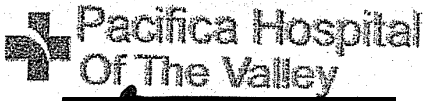
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[Redacted]

Employee signature

08-15-14

Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

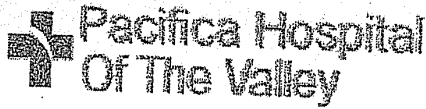
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A black rectangular redaction box covering the employee's signature.

Employees signature

Neuro
Department

9-12-13
Date



[REDACTED]

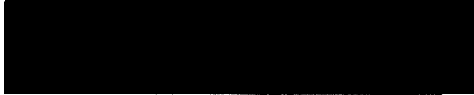
PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[REDACTED]
Employee's signature

CEO
Department

10/16/13
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Signature

Psych
Department

03-15-2012
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

3m

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

6/30/2015

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

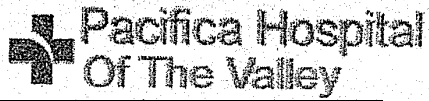
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Employees signature

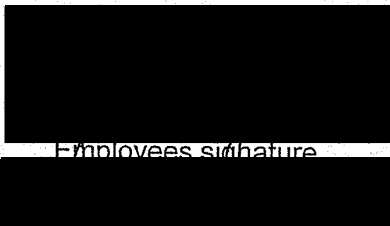
Nursing
Department

5/20/11
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



NewD
Department

9/24/13
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

[Redacted]

Employee Name

Neuro

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

9/4/07

Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM



Employee Name

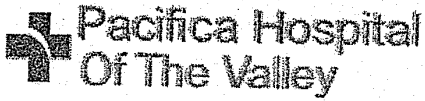
BHU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.



Employee Signature & Date



[REDACTED]

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[REDACTED]

Employee's signature

BHU
Department

5/6/13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

3-30-15

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

Btk

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

12/22/05

Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

ICU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

Employee Signature & Date

[Redacted]

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[REDACTED]

Employee Name

NURSING

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[REDACTED]

Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

SUB ACUTE

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

5/28/15

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employee's signature

ER
Department

10/22/09
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

NEURO

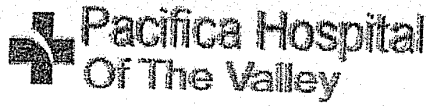
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period, while such this waiver is in effect.

4-6-01
[Redacted]


Employee signature & Date

Rully G. Escudero RN 4/6/01
Supervisor -Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


Employees signature

B.H.V.
Department

7/15/13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

Med-Surg

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

01/12/2015

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

BNA

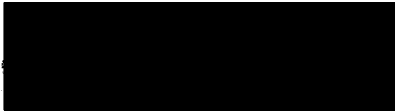
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

12/2/05

Employee Signature & Date



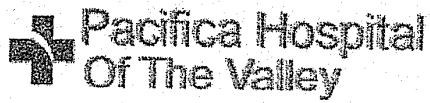
PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employees signature

Med 25
Department

09/16/13
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

RESPIRATORY
Department

07/03/13
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]
Employee Name [Redacted]

3-M
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]
Employee Signature & Date [Redacted]

05-18-04

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

[Redacted]

Employee Name

CCU

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

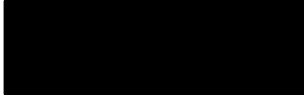
[Redacted]

Employee signature

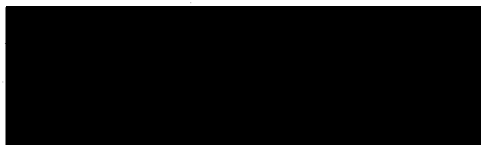
01/08/2014

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

NI South
Department

4/23/12
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

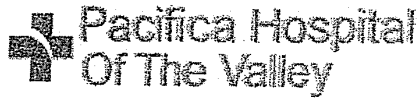
Nursing
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

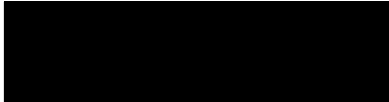
[Redacted]

Employee signature

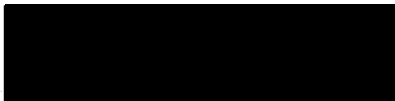
09/04/15
Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employee's signature

Department

06-22-10
Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM

[Redacted]

Employee Name

RESPIRATORY

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature

12/02/13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

MEDICAL-SURGICAL

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Employee signature


12/31/2014

Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.


signature

RESPIRATORY
Department

09/21/10
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

Med. Surg.

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

Employee Signature & Date

[REDACTED]

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[REDACTED]

Employee Name

CCU
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[REDACTED]

Employee Signature & Date

7-5-06

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

Newo 25

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

10/10/06

Employee Signature & Date



PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM

This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted Signature]

Employees signature

OB

Department

11/1/10

Date

PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM

[Redacted]

Employee Name

CCU

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

01/29/07

Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

BHU

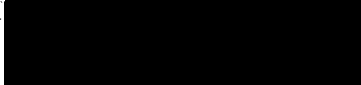
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

Employee Signature & Date

PACIFICA HOSPITAL OF THE VALLEY WORKING
SHIFTS IN EXCESS OF EIGHT HOURS FORM



This will certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



Employees signature

BHU
Department

7/31/12
Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

NEURO

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

[Redacted]

Signature

11/12/13

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

M3
Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice.
And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

Employee Signature & Date

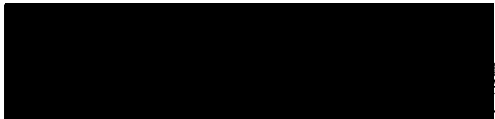
5-3-04

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**


Employee Name

 Nursing
Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.



05/07/15

Employee signature

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT MEAL WAIVER FORM**

[Redacted]

Employee Name

Department

I understand that I am entitled to two meal periods, where in which by signing below, I voluntarily waive my right to one of my meal period. I may revoke this waiver at any time by providing my supervisor at least one day's written notice. And that I will be compensated for all working time, including any on-the-job meal period while such this waiver is in effect.

[Redacted]

5/14/07

Employee Signature & Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**

[Redacted]

Employee Name

[Redacted]

NEURO

Department

This is to certify that I regularly work a shift in excess of eight hours and wish to waive one of the two meal periods I would otherwise be entitled to receive under the California law. In accordance with the requirements of state law, I hereby voluntarily agree to waive one meal period each day. I understand that, as a result of this waiver, I will receive only one meal period during each day of work and will be paid for all working time, but not for the one duty-free meal period I receive. I also understand that I or the Hospital may revoke this "Meal Period Waiver" at any time by providing at least one days advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or the Hospital exercises, the option to revoke it. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employee signature

Date

**PACIFICA HOSPITAL OF THE VALLEY
12 HOURS SHIFT LUNCH WAIVER FORM**


Employee Name

BHU - NURSING
Department

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Employee signature

08/28/15
Date