Department of Labor and Industries Employment Standards Section PO Box 44510 Olympia WA 98504-4510



## EMPLOYMENT STANDARDS VARIANCE APPLICATION

FAX 360 902-5300 Please complete this form in full

WAC 296-126-130 provides that upon written application from an employer, the department may grant a variance from any standard in WAC 296-126 for good cause. *The employer shall give notice to the employees or their representative so that they may submit their written views to the department on any variance request.* The department may afford the applicant and any involved employee, or their representatives, the opportunity for oral presentation whenever circumstances of the particular application warrant such additional procedure.

**Good cause**" shall mean, but not be limited to, those situations in which the employer finds that his/her circumstance warrants an alternative procedure and where he/she is able to demonstrate to the department that such alternative would not have a harmful effect on the health, safety and welfare of the employees involved.

A **temporary variance** valid for not more than thirty calendar days may be issued by the department for good cause where immediate action is necessary and warranted pending further review by the department.

## Notice: No variance is required if either of these conditions apply {RCW 49.12.187}

- 1. Employers in construction trades with collective bargaining agreements negotiated under the National Labor Relations Act may bargain meal and rest periods that vary from WAC 296-126-092 if the agreement specifically requires rest and meal periods and prescribe requirements concerning those meal and rest periods.
- Public employers may enter into collective bargaining contracts, labor/management agreements, or other mutually agreed to employment agreements that specifically vary from or supersede, in part or in total, WAC 296-126-092 regarding rest and meal periods.

In order to submit your variance application, you must provide the following information on the L&I Variance Form #F700-089-000:

Name, address, phone number, UBI number of business.
E-mail address and fax number optional.
Section of Employment Standards WAC 296-126 for which variance is requested (for example, WAC 296-126-092 (meal and rest periods).
The specific proposed alternative for this variance request.
Good cause (reason) for requested variance.
Number of employees affected by this variance request.
For business with no labor organization: Whether you have notified the employees of this request prior to submitting it and if so, date and process of informing the employees, i.e., memo, e-mail, posting.
Did you provide the affected workers with contact information to the Department of Labor & Industries to voice concerns or approval of this variance request? Please provide copies of the document advising employees of the intent to submit this variance, and responses from employees with their concerns or in support of this variance.
For business with labor organization: Name, address, phone number of labor organization having jurisdiction if any, name and signature of individual from labor organization supporting this request.
If you are requesting a temporary variance, and if so, the reasons.
Additional information and comments, if any.
Title, printed name and signature of employer or other authorized signer.

Additionally:

- Indicate on separate paper or in comment section above whether your business is involved in a lawsuit or if you have been notified of intent of lawsuit to be filed regarding this issue.
- > Provide names and addresses of affected employees if there is no labor organization.

Send completed variance request to above address. Employees affected by this variance request may contact the Department by letter at the above address, e-mail, or phone at: Phone: 360.902.5316 E-mail: ESVariances@lni.wa.gov



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presentation ma warrant such pr be granted upor warrants an alte	by be extended to the a occedure. A temporary in good cause shown.	sted variance, the department will pplicant and any involved employ variance of not more than 30 cale Good cause shall mean, but not be does not have a harmful affect on	ees, or their representat endar days pending furth limited to, circumstance the health, safety or we	ives, wheneve her review by es found by the elfare of the en	er circumstances the department may the employer that
Firm name			τ	UBI Number	
Telephone Numb	er	FAX Number	Email addre	ess (Optional)	
Address		City	I	State	ZIP+4
Section of Emplo WAC 296-126-	yment Standards for whi	ch variance is requested			
Specific alternation	ve you are proposing				
What is the good	cause (reason) under wh	ich this application is made?			
		and addresses may be requested)			
For businesses w	vith no labor organizati	on			
			ing for this variance?		Vag No
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A variance may be revoked at any time by the department should circumstances warrant, providing the employer is notified by the department of the termination at least 30 days prior to the effective date.