



Theatrical Minor Work Variance Application

Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510

Email: TeenSafety@Lni.wa.gov
 Fax: 360-902-5300
 Phone: 360-902-5316

Employers: Use this form if you are hiring an actor or performer under the age of 18 to work in film, video, audio, or theatrical productions in Washington State. See [RCW 49.12.124](#).

Important: Before you send in this application, you must have a current minor work permit endorsement on your Washington business license to cover the duration of your request. To apply, go to: <http://bls.dor.wa.gov/minorworkpermit.aspx>.

Your business will receive an Approved Variance letter by email if this application is approved.

The department will review the following information in consideration of granting the requested variance. **In order for us to process this application, it must be completed in full.** The affected minor employees, school (if in session) and parent or legal guardian must be advised of the requested variance, and the required [Parent/School Authorization form](#) or [Parent Authorization for Summer Work form](#) must include the proposed exception.

Note: L&I can't approve a variance if it conflicts with US federal child labor laws. Call the US Dept. of Labor at 866-487-9243.

Employer Information

Your Business Name		Corporation Name	
Washington Unified Business Identifier (UBI)	Location ID (Last 4 Digits)	For What Time Period Are You Requesting This Variance? (Date to Date)	
Mailing Address		City	State Zip Code
Location Address (Physical location where minor will be working)		City	State Zip Code
Contact Name		Contact Email	
Contact Phone Number		Contact Fax Number (Optional)	

Description of Variance Request

Describe below the specific work <i>duties</i> you plan for this minor/these minors.	
What is the planned educational programs while the minor is out of school?	
Will there be an adult supervisor for the minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who will be the adult supervisor for the minor?
Complete the variance information on page 3 and submit with this application.	

Signatures

 Print Name of Employer Representative Signature of Employer Representative Date

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The Washington State Department of Labor and Industries endorses and suggests Washington employers to follow the Screen Actor Guild hours of work guidelines for minors. See below.



Theatrical Hours of Work for Minors per the Producer-Screen Actors Guild (SAG) Basic Codified Basic Agreement

AGE	# OF HOURS
> 6	6
6 — 8	8
9 — 15	9
16 — 17	10

CONDITIONS

- Work day shall be no earlier than 5:00 a.m. and no later 10:00 p.m. on days that precede a school day. Evenings preceding non-school days, work day shall be later than 12:30 a.m. on the morning of the non-school day.
- If a minor is at location, s/he must leave as soon as reasonably possible following the end of working day, and may not be held for transportation.
- Interviews and fittings for children attending school shall be held outside of school hours and shall be no later than 9:00 p.m.
 - At least two (2) adults shall be present at all times during a fitting.
- Minor shall not work more than six (6) consecutive days. However, for this purpose, a day of school only or travel only shall not be counted as one of said consecutive days.
- The producer is responsible to ensure that the minor will have twelve (12) hour rest period prior to and at the end of the employment. For example, if a minor's last day of employment is Wednesday, and the minor will be attending school at 8:30 a.m. on Thursday, the minor must be dismissed by 8:30 p.m. on Wednesday.
- For more information:
Screen Actors' Guild
800 Fifth Ave., Suite 1400
206-224-5696 / 800-724-0767
www.sag.org

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Employer Request for Additional Work Hours

Your Business Name		Corporation Name	
Washington Unified Business Identifier (UBI) -	Location ID (Last 4 Digits) -	For What Time Period Are You Requesting This Variance? (Date to Date)	

Minor's Name	Age	Date of Birth	Completed Parent/School Auth. Form Attached? Yes/No	Do you have proof of age attached? Yes/No	You are seeking authorization for:				
					Dates of Work	Max # Hours of Work/Day	Max # Hours of Work/Week	Earliest Start Time	Latest Quit Time
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Questions? Contact us at TeenSafety@Lni.wa.gov or 360-902-5316