

# 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 <u>RCW 49.12.124</u>.* 

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: <a href="http://bls.dor.wa.gov/minorworkpermit.aspx">http://bls.dor.wa.gov/minorworkpermit.aspx</a>.

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 <u>Parent/School Authorization form</u> or <u>Parent Authorization for Summer Work form</u> 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)	For What Time Period Are You Requesting This Variance? (Date to Date)				
Mailing Address	City	State	Zip Code		
Location Address (Physical location where min	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?	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



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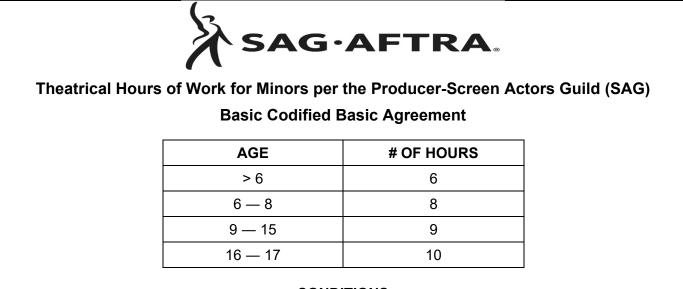
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The Washington State Department of Labor and Industries endorses and suggests Washington employers to follow the Screen Actor Guild hours of work guidelines for minors. See below.



### 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: SAG-AFTRA 811 1<sup>st</sup> Avenue, Suite 626 Seattle WA 98104 206-282-2506 / 800-724-0767 www.SAGAFTRA.org



### **Employer Request for Additional Work Hours**

Your Business Name		С	Corporation Name						
Washington Unified Busin	ness Identifi -	ier (UBI) Locatic	on ID (Last 4 Digits) F	For What Time Period A	Are You Requesting	This Variance? (Date	to Date)		
			Completed	Do you have proof	You are seeking authorization for:				
			Parent/School Auth. Form Attached?	of age attached?	Dates of	Max # Hours	Max # Hours	Earliest	Latest Quit
Minor's Name	Age	Date of Birth	Yes/No	Yes/No	Work	of Work/Day	of Work/Week	Start Time	Time
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					
			🗌 Yes 🗌 No	🗌 Yes 🗌 No					

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