

Day-of-Rest Variance from Section 161 New York State Labor Law

1a. Legal name: _____ 1b. DBA: _____

2a. Type of business organization: Corporation Limited Liability Company Partnership
Limited Liability Partnership Sole Proprietorship

2b. FEIN: _____ - _____

3a. Street address: _____

3b. City: _____ 3c. State: _____ 3d. Zip: _____

4a. Mailing address: _____

4b. City: _____ 4c. State: _____ 4d. Zip: _____

5a. Address of affected location (A separate variance is required for each location):

5b. City: _____ 5c. State: _____ 5d. Zip: _____

6a. Owner/officer/member first name: _____ 6b. Last name: _____

6c. Title: _____

7a. Primary contact first name: _____ 7b. Last name: _____

7c. Title: _____ 7d. Phone number: (____) _____ - _____

8. Number and type(s) of workers to be affected any time during the variance period.(for example, 100 maintenance, machinists, and production workers):

9. Time-frame variance in effect (maximum 1 year, please note: for initial applications, this start date must be a Sunday): _____ to _____

10. Maximum days to be worked. (Please note: maximum consecutive days must start on a Sunday):
13 20 27

11. Reason for requesting day-of-rest variance:

12. Affected workers represented by a union? Yes No 13a. If yes, is union in concurrence?*

Yes No

13b. *If yes, attach a signed letter on union stationery from the union official indicating support for the request.

13c. If no, please explain:

14a. Union official first name: _____ 14b. Last name: _____

14c. Title: _____

15a. Union name: _____ 15b. Union local: _____

I hereby affirm that the information provided in this application is true and accurate.

_____/_____/_____
Signature of employer / Date

Title

Printed name for above signature