



Application for Dispensation

FEIN	Case No.
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Prepare in duplicate. Use a separate application for each plant. Give complete answers to all questions. Use additional sheets if necessary.

Establishment Name	Full Address
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1. Industry	2. Total number of workers now employed (exclude clerical workers) Total: _____ 18 & over: _____ 16 & 17: _____	3. Does a union represent the affected employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Are you operating under a defense contract or subcontract for the Armed Forces, other governmental agency, or an associated power of the United States? Yes No
If 'Yes', give pertinent data on:
A. Contract Army Navy Air Force Other
B. Number, type and duration of contract:

5. Defense product or service	6. Number of workers now on defense work	7. Percent of worker hours now devoted to defense production (estimated)
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8. If you have no defense contracts, explain in an attached letter how your product or service is:
A. Essential to effective defense or
B. Necessary to promote and protect the public health and welfare and the safety and security of the people of the state.

Dispensation is needed to permit (check applicable items):

9. Fingerprinting employees as a condition of employment
 10. Employment of workers seven days a week, approximately _____ times during the requested period.
Number of Workers Involved
Total: _____ 18 & Over: _____ Under 18: _____

11. Only include departments affected by dispensation request

	Regular Schedule						Schedule of Hours Desired					
	First Shift		Second Shift		Third Shift		First Shift		Second Shift		Third Shift	
	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Meal Period												
Total Weekly Hours												
Rest Period												
Total No. of Workers												
18 and Over												
16 and 17												
Under 18												

12. Employment of Minors 16 and 17 years of age. Use additional sheets if necessary.

Occupation Involved	Number of Minors Now Employed			Number of Minors Expected to be Hired		
	Total	Male	Female	Total	Male	Female

Give details of schedule. Specify starting and stopping time, total weekly hours, meals, and rest periods.

13. Relation of other provision of law: Describe law, relief needed, and number of employees involved.

14. Explain in detail the problems you are having under the present law that make this request necessary.

15. What efforts or adjustments have you made to resolve the problem? Explain in detail.

For the above reasons, and having read the legislative standards received with this application, I request dispensation from specific limitations of the law pursuant to provisions of the New York State Defense Emergency Act for a period of _____ months effective _____. I understand no dispensation may be granted for a period in excess of six months, but continuations may be granted after recommendation from the New York State Department of Labor.

_____ Date

_____ Signature

_____ Title