

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
 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.

9. Time-frame variance in effect _____ to _____ (maximum 1 year)

10. Maximum days to be worked _____

11. Reason for requesting day-of-rest variance

12. Affected workers represented by a union? yes no 13a. If yes, is the union in agreement? yes no

13b. If yes, have a responsible Union Official sign below or 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

*Signature of Union Official
(if in agreement)

Date