



**Department  
of Labor**

Division of Labor Standards  
Permit and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 185B  
Albany, NY 12226  
www.labor.ny.gov

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

1. Trade name of business		2a. Legal entity		2b. FEIN	
3a. Street address		3b. City	3c. State		3d. Zip
4a. Mailing address		4b. City	4c. State		4d. Zip
5. Address of affected location (A separate variance is required for each location)					
6. Name, title, e-mail and phone number of primary contact representing employer					
7. Name, title, e-mail and phone number of secondary contact representing employer					
8. Number and type(s) of workers to be affected any time during the variance period.		9. Time-frame variance in effect (maximum 1 year) _____ to _____		10. Maximum days to be worked	
11. Reason for requesting day-of-rest variance					
12. Affected workers represented by a union? yes <input type="checkbox"/> no <input type="checkbox"/>		13. Union concurrence? * yes <input type="checkbox"/> no <input type="checkbox"/>			
14. Name and Title of Union Official and Union Name and Local					

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Signature of Union Official  
(if in concurrence)

\_\_\_\_\_  
Date

If yes, have a responsible Union Official sign above or attach a signed letter on Union stationery from the Union Official indicating support for the request.\*