

Student Learner Exemption Minor Work Variance Application for 16 — 17 years old

Employment Standards Program
PO Box 44510
Olympia WA 98504-4510

Email: TeenSafety@Lni.wa.gov
Fax: 360-902-5300
Phone: 1-866-219-7321

Read the instruction prior to completing this form to see if you qualify.

Employer Information

| | | | | | |
|---|--|-----------------------------|-------------------------------|---|----------|
| Your Business Name | | Corporation Name | | | |
| Type of Business & Products Manufactured or Services Rendered | | | | | |
| Washington Unified Business Identifier (UBI) | | Location ID (Last 4 Digits) | | School Year Are You Requesting This Variance (Example: 2019-2020) | |
| Mailing Address | | City | | State | Zip Code |
| Location Address (Physical location where teen will be working) | | City | | State | Zip Code |
| Contact Name | | | Contact Email | | |
| Contact Phone Number | | | Contact Fax Number (Optional) | | |

Description of Variance Request

1. Is your business registered as a program or an approved employer/training agent under an apprenticeship standard approved by the Washington State Apprenticeship and Training Council? Yes No

If you answered "Yes", complete Questions 1A and 1B. If you answered "No", go to Question 2.

- 1A. List occupation name: _____
- 1B. Is the student currently enrolled in school? Yes No
2. Number of student learners you anticipate (if known): _____
3. Are you requesting this variance to:
- Extend work hours for a minor(s) in non-agricultural employment ([WAC 296-125-027](#))? Yes No

If "Yes", please specify the hours you are requesting below.

| School Week | | | Non-School Week | | |
|----------------|-------------|--------------|-----------------|-------------|--------------|
| Variance | Max Allowed | Your Request | Variance | Max Allowed | Your Request |
| Hours per Day | 4 hours | | Hours per Day | 8 hours | |
| Fri — Sun | 8 hours | | | | |
| Hours per Week | 20 hours | | Hours per Week | 48 hours | |
| Start Time | 7:00 am | | Start Time | 5:00 am | |
| Quitting Time | 10:00 pm | | Quitting Time | Midnight | |
| Fri — Sat | Midnight | | | | |

Continue to the next page.

- Permit the minor to perform a work duty prohibited for his/her age ([WAC 296-125-030](#))? Yes No

If "Yes", please specify prohibited work to be performed by minor(s):

- | | |
|--|--|
| <input type="checkbox"/> Power-driven woodworking machines | <input type="checkbox"/> Roofing operations and all work on or about a roof |
| <input type="checkbox"/> Power-driven metal-forming, punching, and shearing machines | <input type="checkbox"/> Power-driven circular saws, bandsaws, chainsaws, guillotine shears, wood chippers, and abrasive cutting discs |
| <input type="checkbox"/> Operating power-driven meat processing equipment, including meat and other food slicers in retail and service establishments, and most operations in meat and poultry slaughtering, packing, processing, or rendering. | <input type="checkbox"/> Excavation operations |
| | <input type="checkbox"/> Power-driven balers, compactors, and paper processing machines |

List any Personal Protective Equipment (PPE) required, if any.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. On the following page, provide a complete list of equipment that the minor will be trained on.

Employer Signature

Print Name of Employer Representative

Signature of Employer Representative

Date

School Information

Print Name of School in which Student Enrolled

Print Name of School District

Print Name of School Program

Print Name School Contact & Position/Title

Phone Number

Email Address

