



IL DEPARTMENT OF LABOR
 Fair Labor Standards Division
 Compliance Processing Section
 160 N LaSalle, Suite C-1300
 Chicago, IL 60601-3150
 Tel#312-793-2804
Dol.childlaborlaw@illinois.gov

APPLICATION AND CERTIFICATE FOR A SECTION 8.1 (B) WORK HOURS WAIVER
Child Labor Law 820 ILCS 205/1-22

For Office Use Only:
 File # _____
 Date Received: _____

INSTRUCTIONS: YOU MUST ATTACH A COPY OF MINOR'S VALID ILLINOIS EMPLOYMENT CERTIFICATE. FORM IS DUE TO THE DEPARTMENT NO LATER THAN NOON FOR ANY HOURS REQUESTED BETWEEN 7-9PM ON THAT DAY AND 7AM ON THE FOLLOWING CALENDAR DAY (Section 250.305 Title 56. Ch1 (b))

Name of Minor:			
Street Address:			
City:		State:	Zip Code:
Minor's Birthdate:	Sex: <input type="text"/>	Specific Date for Work Waiver:	
Specific Hours for Work Waiver:	from	AM PM	to AM PM
State the reason(s) the above minor is not able to work during regular work hours (after 7AM or before 7PM/9PM).			
Are the hours requested on a day where the child attended school? Yes No			
If yes, please explain how the night waiver will not be detrimental to the minor's health and welfare. Please explain any accommodation(s) taken to ensure that there is not a negative impact to the minor's health and welfare.			
Are the nighttime hours requested on a day where the child is required to attend school the following day? Yes No			
If yes, explain any accommodations provided to the minor to ensure education is not neglected.			
Name of Employer:			
Name of Production:			
Employer Representative Supervising Minor During Work Hours Requested By Waiver			
Name:	Telephone # 1:	Telephone # 2:	

Production Nature (check one):	Exact Place(s) and Address(es) Where Minor Will Work During Hours Covered by This Waiver:
Television	
Motion Picture	Specific Description of Minor's Performance and Physical Environment (Including description of plot for TV and motion picture and essential lyrics for commercial and video):
Commercial	
Video	

I hereby certify that the foregoing, including attachments, are true and correct to the best of my knowledge and belief. I understand that if I am granted a waiver, this will not extend the total number of hours the minor may work in a twenty-four (24) hour period of any other requirement as provided by the Child Labor Law and the regulations promulgated hereunder.

_____	_____	_____	_____
Parent or Guardian Signature	Date	Employer Representative Signature	Date
_____	_____	_____	_____
Union Representative Signature		Employer Representative Address	
_____	_____	_____	_____
Union Representative Address		Employer Representative City, State, Zipcode	
_____	_____	_____	_____
Union Representative City, State, Zipcode		Employer Representative Telephone # and E-mail	

DO NOT WRITE BELOW THIS LINE - DEPARTMENT OF LABOR USE ONLY

This certifies that I, the undersigned, and authorized representative of the Director of Labor, have investigated the statements made above and am satisfied that the health, welfare and education of the minor whose name appears above will not be jeopardized by such work. Pursuant to Section 8.1(b) of the Child Labor Law, I hereby issue the employer whose name appears above a waiver to employ said minor for the work hours, under the conditions specified above.

_____	_____
Signature of Department of Labor Employee & Title:	Date:
_____	_____
Signature of Department of Labor Employee & Title:	Date: