



BUREAU OF LABOR AND INDUSTRIES
WAGE AND HOUR DIVISION

**APPLICATION FOR WAIVER FROM MANUFACTURING
OVERTIME PROVISIONS OF ORS 652.020(1)**

1. Name and Address of Business: _____

2. Name and Title of Contact Person: _____
3. Telephone Number: (____) _____
4. Type of Manufacturing Performed: _____
5. List department(s) affected by requested overtime waiver: _____

6. How many employees will the waiver affect? _____
7. What is your current workweek (e.g., Sun – Sat; Mon – Sun)? _____
8. What are the **current** schedules/shifts of the department(s) affected?

<u>Department</u>	<u>Shift hours</u>
	From: _____ to _____
	From: _____ to _____
	From: _____ to _____
	From: _____ to _____

9. What are the **proposed** schedules/shifts of the department(s) affected?

<u>Department</u>	<u>Shift hours</u>
	From: _____ to _____
	From: _____ to _____
	From: _____ to _____
	From: _____ to _____

10. Has the proposed schedule/overtime waiver been discussed with affected employees?

Yes No

11. If "yes," do the majority of affected employees favor the proposed schedule?

Yes No Comments (attach additional pages as needed): _____

12. How many breaks/meal periods do affected employees **currently** receive and what is their duration? _____ breaks; _____ mins/each

_____ meal period(s); _____ mins/each

13. How many breaks/meal periods would affected employees receive in the **proposed** schedule?

_____ breaks; _____ mins/each

_____ meal period(s); _____ mins/each

14. Briefly explain why this waiver is being requested (attach additional pages as needed): _____

HEALTH AND SAFETY INFORMATION

Enclose the following required health and safety information from your firm for the past two years with your completed waiver application:

- A. Data which shows the type and severity of any injuries;
- B. The department(s) in which the injury(ies) occurred;
- C. The time into the shift(s) when the injury(ies) occurred;
- D. The length of time off work of injured workers;
- E. Information relating to the firm's injured worker "return to work" and "light duty" programs.

Explain why if any of the above information is not available (attach additional pages as needed): _____

15. How often does your firm hold safety meetings? _____

16. Are you able to make reasonable accommodations for employees who are unable to work the proposed shift schedule for reasons of health or physical disability? Yes No

Explain (attach additional pages as needed): _____

Return completed application and documentation to: Bureau of Labor and Industries, WHD
800 N.E. Oregon Street, #1045
Portland, OR 97232-2180
Telephone: (971) 673-0761
FAX: (971) 673-0769