



IL DEPARTMENT OF LABOR
 Fair Labor Standards Division
 Compliance Processing Section
 160 North LaSalle, Suite C-1300
 Chicago, IL 60601-3150
 Tel # (312) 793-2804
 Fax #: (312) 814-1210

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:	

YOU MUST ATTACH A COPY OF MINOR'S VALID ILLINOIS EMPLOYMENT CERTIFICATE

Name of Minor:			
Street Address:			
City:		State:	Zip Code:
Minor's Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Specific Date for Work Waiver:	
Specific Hours for Work Waiver:	from <input type="checkbox"/> AM <input type="checkbox"/> PM	to	<input type="checkbox"/> AM <input type="checkbox"/> PM
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:		
<input type="checkbox"/> Television			
<input type="checkbox"/> Motion Picture	Specific Description of Minor's Performance:		
<input type="checkbox"/> Other			

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 Facsimile #	

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: _____