



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: \_\_\_\_\_

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: \_\_\_\_\_

### **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 if any of the above information is not available: \_\_\_\_\_

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: \_\_\_\_\_

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