

THIS DEVIATION IS NOT VALID WITHOUT AN APPROVED CA-7 WORK PERMIT

INDIVIDUAL APPLICATION FOR HOURS DEVIATION FOR 16 AND 17 YEAR OLD MINOR

Michigan Department of Labor and Economic Opportunity

Wage and Hour Division

Mailing Address:

P.O. Box 30476

Lansing, MI 48909-7976

Telephone: 517.284.7800

Website: www.michigan.gov/wagehour

e-mail: LEO-YESADEVIATION@MICHIGAN.GOV

Street Address:

530 W. Allegan

Lansing, MI 48933

FOR OFFICE USE ONLY

Approval Date:

Expiration Date:

Authority: Act 90, Public Acts of 1978 as amended

LEO is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available, upon request, to individuals with disabilities. Call 855-464-9243 to make your needs known to this agency.

IMPORTANT: Deviation of hours cannot be granted unless this form is completed and returned for review and approval. If approved by the Department, the deviation is valid for the purpose indicated. An adult supervisor must be present during the period of time during which the minor works. .

EMPLOYEE INFORMATION

Minor's Name (Please Print) _____

Last Four Digits of Social Security Number _____

Date of Birth _____

STATEMENT OF SCHOOL ATTENDANCE

NOTE: This section must be completed, or a copy of the minor's work permit attached to this form.

The named minor attends school _____ hours per week.

Name and Address of School Attended by Minor _____

Signature of School Representative _____

Date _____

- During the period school is in session, the business listed above requests approval to employ the named employee as follows:

before the hour of 6:00 a.m. or after the hour of 10:30 p.m. as follows:

Sunday through Thursday: _____ Friday & Saturday: _____

- When school is not regularly in session, Spring, Summer, Winter, Christmas break/vacation period, the business listed above requests approval to employ the named employee during the following hours before 6:00 a.m. or after 11:30 p.m.: _____

EMPLOYER INFORMATION

Business Name: _____

Federal Tax ID#: _____

Corporate Name: _____

Telephone Number: _____

Corporate Mailing Address: _____

Type of Business: _____

City: _____

State: _____

ZIP: _____

Email Address: _____

Workers' Compensation Insurer: _____

Policy #: _____

Detailed duties to be performed by minor: _____

Location- employer name, street address, city, state and ZIP code, where minor will work the deviated hours if approved:

County: _____

PARENTAL/LEGAL GUARDIAN PERMISSION STATEMENT

I give my permission for _____ to work the deviated hours indicated on this application. (name of minor)

Signature of Parent or Legal Guardian (Indicate One) _____ Date _____

Print or Type Name of Parent or Legal Guardian _____ Home Telephone Number _____ Work Telephone Number _____

By submitting this Deviation application, I certify to the best of my knowledge and belief that all statements in this application are true and that:

1. This is a true statement of the duties the minor will perform and the days and times the minor is to work under the terms of this Deviation application.
2. I understand that the minor may not perform the duties or work the days and times requested on the Deviation application until the department has granted and/or modified the terms and conditions thereof in writing.
3. The employment of all minors at this establishment will comply with the provisions of 1978 Public Act 90, as amended, the Youth Employment Standards Act (YESA) and the Youth Employment Standards Administrative Rules and the federal child labor regulations, 29 C.F.R. 570.1 et seq., if applicable.
4. The employer or an employee of the same employer, at least 18 years of age or older, will always be present and provide supervision.
5. I understand that an approved and valid Work Permit and all necessary written Parental Consent approval documents shall be maintained at the location where the minor is performing work.
6. The required YESA poster is conspicuously posted in or about the premises at which the minor is employed.
7. Required records will be maintained on the premises where the minor is employed and made available for inspection by an authorized representative of the department.
8. Any minor employed under the provisions of this deviation shall not be employed:
 - o For more than 6 days in 1 week.
 - o For more than an average of 8 hours per day in 1 week.
 - o For more than 24 work hours in one week when school is in session.
 - o For more than 10 hours in 1 day, or 48 hours in 1 week, when school is not in session.
 - o For more than 5 hours continuously without at least a 30-minute uninterrupted, documented meal or rest period.
 - o In violation of any Michigan Department of Labor and Economic Opportunity standard or federal child labor regulations.
9. A Parent or Guardian may deny or revoke approval for the minor to work the deviated hours requested.
10. This approval does not apply if federal law or a municipal ordinance establishes a more restrictive standard.

The Director, or their representative, of the Department of Labor and Economic Opportunity, may deny or revoke a deviation when the employer is in violation of any standard of the Department or federal child labor regulations, or modify a deviation to comply with a related state or federal standard.

An employer may request a hearing to review a modification or denial by submitting written notice to the department. Upon receipt of the written appeal, a hearing will be scheduled before an administrative law judge, providing the employer an opportunity to justify the deviation.

Signature of Employer or Representative _____ Title _____

Print Name of Employer or Representative _____ Date Application Signed _____