NEW YORK STATE OF OPPORTUNITY. Department of Labor

Division of Labor Standards

FOR OFFICE USE ONLY				
	GRANT	DENY	SIGNATURE	DATE
SUPER-VISOR'S RECOM-MENDA-TION				

APPLICATION FOR MEAL PERIOD OF LESS THAN THIRTY MINUTES

(Prepare in duplicate; answer all questions and use additional sheets if necessary)

1. TRADE NAME OF ESTABLISHMENT

3. ADDRESS | STREET AND NO. | CITY OR POST OFFICE | COUNTY | ZIP CODE

3. OWNERSHIP ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION | NAME OF INDIVIDUAL OWNER, NAMES OF PARTNERS, OR NAME OF CORPORATION PRESIDENT

4. NATURE OF BUSINESS | INDUSTRY | PRODUCT | PROCESS

5. LENGTH OF MEAL PERIOD REQUESTED _____ Minutes

6. NO. OF EMPLOYEES FOR REQUESTED MEAL PERIOD Total _____

7. SPREAD OF HOURS (Incl. meal period) UNDER REQUESTED SCHEDULE _____

8. WHAT SPECIFIC DIFFICULTIES MAKE THIS REQUEST NECESSARY?

9. HAVE ANY OTHER EFFORTS OR SCHEDULING ADJUSTMENTS BEEN MADE TO SOLVE THE DIFFICULTIES?

_____ (Yes or No)

If yes, explain:

10. IS THERE ANY EMPLOYEE OBJECTION TO THE REQUESTED MEAL PERIOD?

_____ (Yes or No)

if yes, give nature of such objection:

(OVER)

11. ARE YOUR EMPLOYEES REPRESENTED BY A COLLECTIVE BARGAINING ORGANIZATION?

_____ (Yes or No)

If yes, give name and address of such organization.

_____

_____

_____

12. WILL EATING FACILITIES BE AVAILABLE TO PERSONS WHO WOULD HAVE THE SHORT MEAL PERIOD?

_____ (Yes or No)

If yes, describe such facilities:

13. WILL ANY DUTIES BE REQUIRED OF ANY PERSON DURING HIS OR HER SHORT MEAL PERIOD?

_____ (Yes or No)

If yes, explain:

14. NO PERMIT OR CERTIFICATE CAN BE ISSUED UNLESS THE CERTIFICATION IMMEDIATELY BELOW IS COMPLETED

I hereby certify that the above statements are true and accurate. I further certify that the establishment making this application carries:

Workers' Compensation Insurance, Policy No. _____effective _____expiring on _____

Issued by _____ and
(NAME OF INSURANCE COMPANY)

Disability Benefits Insurance, Policy No. _____effective _____expiring on _____

Issued by _____
(NAME OF INSURANCE COMPANY)

15. _____ SIGNATURE

16. _____ TITLE

17. _____ DATE

18. RETAIN DUPLICATE COPY AND MAIL ORIGINAL TO OFFICE CHECKED BELOW:

- ☐ STATE OFFICE BUILDING CAMPUS, ALBANY, NY 12240
- ☐ 44 HAWLEY STREET, BINGHAMTON, NY 13901
- ☐ 65 COURT STREET, BUFFALO, NY 14202
- ☐ 400 OAK STREET, GARDEN CITY, NY 11530
- ☐ 75 VARICK STREET, 7TH FLOOR, NEW YORK 10013
- ☐ 276 WARING ROAD, ROCHESTER, NY 14609
- ☐ 120 BLOOMINGDALE ROAD, WHITE PLAINS, NY 10605