



IL DEPARTMENT OF LABOR
Fair Labor Standards Division Compliance
Processing Section
115 S LaSalle St 37th Floor
Chicago, IL 60603 | Tel# (312) 793-5570
DOL.ChildLaborQuestions@illinois.gov

**APPLICATION AND CERTIFICATE FOR
A SECTION 50(c) WORK HOURS WAIVER
FOR CHILD PERFORMERS
Child Labor Law of 2024 820 ILCS 206**

For Office Use Only: File # _____ Date Received: _____

Instructions: You must attach a copy of minor's valid Illinois employment certificate. If a minor is working until 10:00 pm on any day, then no application for waiver is required [820 ILCS 206/50(c)]. Submission of this application is required for the following child performer work requests:

- Weekdays: For work between 10:00 pm and 12:30 am and/or 5:00 am and 7:00 am between Monday night and Friday morning – the application must be submitted no later than 48 hours prior to the scheduled shift(s). (56 Ill. Admin. Code 250.305(f)).
- Weekends: For work between 10:00 pm and 12:30 am and/or 5:00 am and 7:00 am between Friday and Sunday – the application must be submitted no later than 5:00 pm on the Thursday prior to the scheduled shift(s). (56 Ill. Admin. Code 250.305(f)).
- Any Day: For work between 12:30 am and 5:00 am on any day – the application must be submitted no later than 72 hours prior to the scheduled overnight shift(s).

Section 1: Minor's Information

Name of Minor:

Street Address:

City:

State:

Zip:

Minor's Birthdate:

Specific Date(s) for Work Waiver: *If the time period for this waiver request goes past midnight, list both calendar date(s).*

Name of Parent/Legal Guardian:

Parent/Legal Guardian Phone:

Parent/Legal Guardian Email:

Name of Minor's Chaperone, if not a parent:
(Please note: The person serving as chaperone, if not the minor's parent, may not be a person employed by the production.)

Chaperone Phone:

Chaperone Email:

Section 2: Night Work Information

Specific Hours
for Work Waiver:

from

AM
PM

to

AM
PM

*** If the time period for this waiver request goes past 12:30 am; or starts before 5 a.m., the employer must fill out**

Section 5, Overnight Hours Explanation

State the reason(s) the above minor is not able to work during regular work hours (after 7AM or before 10PM).

This minor receives schooling by: *(Check as many as apply)*

Traditional public or non-public school

Home Schooling

Other: _____ *(Please explain.)*

Minor is not yet school age.

Will the child be missing school on the day before, the day of, or the day after the time period for the waiver? Yes No

If yes, how many hours of school will the child miss on each day, and how will their schooling be made up? Please explain any accommodation(s) taken to ensure that there is not a negative impact to the minor's health and welfare. If this work takes place on a day when the minor normally would be in school, but school is not in session due to a holiday, or the minor's school schedule is adjusted temporarily for this work, etc., please explain.

Section 3: Employer's Information

Name of Employer:

Name of Production:

Employer Representative Supervising Minor During Work Hours Requested By Waiver

Name: _____ Telephone # 1: _____ Telephone # 2: _____

Title: _____ Email: _____

Production Nature (check one):

Television

Motion Picture

Commercial

Video

Other: *Please Explain*

Exact Place(s) and Address(es) Where Minor Will Work During Hours Covered by This Waiver:

Specific Description of Minor's Performance and Physical Environment (Including description of plot for TV and motion picture and essential lyrics for commercial and video):

Section 4: Certification and Approval

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 of 2024 and the regulations promulgated hereunder.

I understand that if this waiver would cover any hours between 12:30AM and 5AM, I must fill out the supplemental Section 5 for Overnight Work Explanation.

Parent or Legal Guardian Signature

Date

Employer Representative Signature

Date

Union Representative Signature (if applicable)

Employer Representative Printed Name

Union Representative Address

Employer Representative Phone

Employer Representative Email

Union Representative City, State, Zipcode

Employer Representative Address

Employer Representative City, State, Zipcode

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 reviewed the statements made above and am satisfied that the conditions listed in Section 50(c) of the Child Labor Law of 2024 are met. Therefore, pursuant to Section 50(c) of the Child Labor Law of 2024, I hereby issue the employer whose name appears above, a waiver to employ said minor for the work hours requested, under the conditions specified above.

Signature of Department of Labor Employee & Title

Date

Signature of Department of Labor Employee & Title

Date

Section 5: Overnight Work Explanation

An employer who wishes to employ a child performer to work overnight hours must provide additional justification to receive a work hours waiver, according to Section 50 (c) (2) of the Child Labor Law of 2024. If the time period for this waiver request includes time between 12:30am-5am, the employer must answer the following questions, in addition to the information in Section 2 of this form.

Is the performance of the minor critical to the production? If so, please explain how.

Can filming be done at any other time of day? Explain:

Does the filming require exterior shots of sunset, nighttime, or dawn?

Is this time period on the best day of the week when considering the minor's schooling?

Provide the minor's school and work schedule, indicating rest periods, for:

Day Before the Waiver

Day of the Waiver

Day After the Waiver

Total # of hours of work: _____

Total # of hours of education: _____

Total # of hours of work: _____

Total # of hours of education: _____

Total # of hours of work: _____

Total # of hours of education: _____

Taking into account the minor's age, and the requested time period for this waiver, how do you plan to mitigate any negative impact on the minor's wellbeing? Explain:

How many hours is the minor working in the prior 7 calendar days?

How many hours will the minor work in the following 7 calendar days?