Application for Exception from Application of Working Hours, etc.

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| [Attached Form 15] | | | | |  | | | |  |
| ┌□ Surveillance worker:  ┗□ Intermittent worker: | | | Application for the Exclusion of Working Hours, Recess and Holidays, etc. | | | | | | Processing Period |
| 10 days |
| Applicant | ① Company name |  | | | ② Type of business | |  | | |
| ③ CEO’s name |  | | | ④ ID number | |  | | |
| ⑤ Number of  workers |  | | | ⑥ Tel. number | |  | | |
| ⑦ Address |  | | | | | | | |
| ⑧ Type of job |  | | | | | | | |
| Contents | ⑨ Number of workers | Surveillance work | | Total \_\_\_\_persons | | \_\_\_\_men | | | \_\_\_\_\_women |
| Intermittent work | | Total \_\_\_\_persons | | \_\_\_\_men | | | \_\_\_\_\_women |
| ⑩ Type of work | Surveillance work | |  | | | | | |
| Intermittent work | |  | | | | | |
| As above, pursuant to Article 63-3 of the Labor Standards Act and Article 12 (1) of the Enforcement Decree of the same Act. I apply for the exclusions of working hours, etc. for ( ) surveillance work or ( ) intermittent work. | | | | | | | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant: \_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_  Attorney:\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_  To the Director of the Regional Labor Administration Office | | | | | | | | | |
| Attachment: None | | | | | | | | Processing Fee: | |
| None | |