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 |